

**SOMALIA
RAPID RESPONSE
DROUGHT
2021**

21-RR-SOM-50275

Adam Abdelmoula
Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

8/9/2022

Name	Agency	Cluster
Afifa Ismail	OCHA	
Evalyn Lwemba	OCHA	
Kaaria, Viola (FAOSO)	FAO	Food Security
Jingyi LIU	WFP	Food security
ABDI, Abdulkadir	WHO	Health
YUSUF Suleqo	WHO	Health
Saeed Ahmed	WHO	Health
DEFREITAS, Kyle	WHO	Health
James Ferguson	UNHCR	Protection
Yacouba Sere	UNHCR	Protection
Solomon Mwangi Ngari	UNHCR	Protection
Victor Kinyanjui	UNICEF	WASH
LECCA Giulia	IOM	WASH
Girma Ejeta	UNICEF	WASH
Emma Grylle	UNICEF	WASH
Annastancia Chineka	UNICEF	WASH

Programme staff from concerned agencies, senior management and CERF focal points in respective agencies participated in the review as per attached list.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The CERF allocation has been discussed in various forums- the HC presented it to the humanitarian community and in various donor meetings. Local authorities have also been informed about this allocation and its complementarity with the SHF to provide a comprehensive response to the drought. The report was circulated to recipient agencies

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e., the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

All agencies conveyed that the reports were reviewed internally by management before submission to OCHA. The involvement of IPs and government counterparts during monitoring missions and directly during implementation ensured their awareness of results.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Somalia continues to face severe drought conditions due to climate change. By April 2022, an estimated 2.3 million people (20 per cent of the population) experienced alarming water shortages. By November, close to 90 per cent of the country experienced moderate to severe drought conditions. At least 3.2 million people were affected by intense drought by the end of 2021. In mid, November the HRP was only 76 per cent funded.

The CERF funds allowed quick response at a time when humanitarian needs had significantly increased, and the situation was set to further deteriorate. The grant, released on 3 December 2021, was instrumental in scaling up response to the most urgent life-saving interventions. The key focus of the response included provision of unconditional cash assistance to help households meet their basic food needs, and prevent the depletion of livelihood assets, provision of emergency water and sanitation including rehabilitation of water structures, support to life-saving sexual and reproductive services, treatment of acute malnutrition, provision of essential life-saving primary health care services and psychological First Aid.

Recipient agencies successfully provided life-saving assistance to some 437,483 people most in need with a strong focus on women and girls. CERF continues to be instrumental in providing frontline response to natural disasters such as drought and building on the gains made through complementing other sources of funds including the Somalia Humanitarian Fund.

CERF's Added Value:

During the After-Action Review, recipient agencies conveyed that this CERF grant was critical to the drought response particularly in responding to the acute water shortages. The timely release of this allocation allowed UNICEF to provide immediate access to safe water through water trucking and at the same time ensured repair of strategic water structures to minimize dependency on water trucking. IOM 's rehabilitation/upgrading of boreholes and the construction of shallow wells benefited many families that were used to systematically saving the money to buy water during the dry season. Most of those families were less overwhelmed and anxious knowing that they could invest that money towards their household's wellbeing. The availability of water throughout the day and the proximity to water sources reduced the time spent in fetching water. Through WASH activities this grant contributed to the reduction of disputes related to water resources. By focusing assistance in rural areas/ areas of origin, FAO's project contributed to efforts to reduce the risk of unsustainable migration as the drought conditions persevered. By using mobile cash assistance households were able to easily meet a variety of basic needs in a safe, timely and dignifying manner. This grant also enabled the timely reporting and investigation of alerts within 48-hour which greatly contributed to the reduction in morbidity and mortalities in drought-affected district. Implemented activities contributed to improved protection environment, addressed negative coping mechanisms, and ensured safety and overall wellbeing of the drought affected communities. This grant also enabled the timely reporting and investigation of alerts within 48-hours which greatly contributed to the reduction in morbidity and mortalities in drought-affected district

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Implementing agencies concurred that CERF funds were instrumental in providing quick delivery of assistance to communities most in need particularly in hot spot rural locations. For instance, FAO enabled fast and efficient delivery of mobile cash assistance in a safe and dignified manner allowing beneficiaries to meet their immediate and most crucial food needs. Similarly, WFP through e-vouchers ensured access to food assistance at a time when food prices were skyrocketing. UNICEF ensured the fast delivery of safe water through water trucking to communities facing acute water shortages when there was a spike in water prices.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The discussions during the AAR revealed that CERF funds were key in providing quick and time-critical response to communities severely affected by the drought. FAO's provision of cash enabled households to gain access to their immediate needs including, livestock treatment which prevented excess mortality rate in animals belonging to pastoral communities that rely on livestock keeping as the only/ main source of income/ livelihood. IOM was able to fast-track activities like water trucking which saved lives and came at a critical time of the emergency. CERF funding enabled WFP to provide immediate access to food to vulnerable people adversely affected by drought, and internally displaced communities. UNFPA and its partners were able to provide life-saving sexual and reproductive health services in a timely manner to women and girls which helped address needs and mitigate risks that could worsen due to the situation. Additionally, women, pregnant mothers, and adolescent girls in hard-to-reach locations were reached with life-saving mobile sexual and reproductive health outreach campaigns. The CERF funds enabled UNICEF timely response for life-saving WASH interventions, including the provision of drinking water, provision of hygiene items and sanitation facilities in the target locations. Against a background of multiple emergencies including an AWD/Cholera outbreak that required immediate response. This grant allowed UNICEF to act rapidly provided the required frontline response and offered an exit strategy transition and a nexus between emergency response and sustainable access when the needs were greatest.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funds enhanced coordination with all stakeholders including the government and local authorities at the national and subnational levels. FAO coordinated response actions within the Food Security Cluster, and bilateral coordination platforms with WFP, UNICEF, the government ministries, and the Cash Working Group. IOM closely coordinated between the agencies to ensure that no duplication of support to affected communities occurred. WFP Somalia constantly coordinated with its humanitarian partners under the food security and nutrition clusters as well as bilaterally, to ensure alignment of activities and avoid geographical overlap. UNFPA coordinated with health cluster and GBV sub-cluster to maximize coordination as well as relevant line ministries. UNICEF coordination helped avoid overlaps between the implementing partners and government ministries particularly in AWD/Cholera hotspots where enhanced coordination ensured timely exchange of information between the different clusters (especially CCCM, Health, WASH and Nutrition) hence indirectly helping in containing the outbreak. Prior to the response, the WASH Cluster also prioritised target sites between IOM and UNICEF to avoid overlaps.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF grant was symbolic in signalling the scale of the crisis and the need to inject funds for emergency relief to communities affected by drought. During the implementation of the project, FAO was able to identify specific gaps and needs in assistance, and use information collected within the project to advocate for funding from donors such as USAID/ BHA, the World Bank, and the Swedish International Development Cooperation Agency (Sida). This grant allowed UNFPA mobilize internal resources to scale-up drought response.

Considerations of the ERC's Underfunded Priority Areas¹:

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF

The drought crisis is disproportionately impacting women and girls, deepening existing gender inequalities and increasing the risk of protection violations. The projects in this grant therefore paid special attention to women and girls from the onset. For instance, UNFPA delivered lifesaving sexual reproductive health (SRH) and gender-based violence (GBV) services. UNHCR implemented a series of life-saving protection activities, including provision of emergency protection cash support to meet urgent and immediate protection, medical and transportation needs of GBV survivors and those at risk of abuse, violence, and exploitation. IOM and UNICEF provided water at close proximity to households hence reducing exposure to GBV and minimising the physical as well as economic burden that predominantly affects women and girls. The sanitation facilities provided also enhanced the dignity of women as they were constructed close to homes, with lockable doors, adequate lighting and were also designed to accommodate people with disabilities. PwDs were also given priority at water-fetching points, feedback forums and data collection items. Hygiene kits were delivered to their homes to prevent unforeseen risks and most importantly, to safeguard their dignity. Protection principles were mainstreamed across interventions and as such “do not harm” principle was upheld.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	420,614,505
CERF	8,000,000
Country-Based Pooled Fund (if applicable)	6,000,000
Other (bilateral/multilateral)	198,906,630
Total funding received for the humanitarian response (by source above)	212,906,630

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-025	Food Security - Agriculture	1,250,000
IOM	21-RR-IOM-033	Water, Sanitation and Hygiene	1,750,000
UNFPA	21-RR-FPA-033	Health - Sexual and Reproductive Health	500,000
UNFPA	21-RR-FPA-033	Protection - Gender-Based Violence	0
UNHCR	21-RR-HCR-030	Protection	500,000
UNICEF	21-RR-CEF-054	Water, Sanitation and Hygiene	1,750,000
WFP	21-RR-WFP-038	Food Security - Food Assistance	1,250,000
WHO	21-RR-WHO-038	Health	1,000,000
Total			8,000,000

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	5,847,666.10
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remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Funds sub-granted to government partners*	259,891.90
Funds sub-granted to international NGO partners*	479,345
Funds sub-granted to national NGO partners*	1,413,097
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,152,333.90
Total	8,000,000

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Consecutive failed rainy seasons in 2021 led to severe water shortages and inadequate replenishment of pasture and below average crop production across most parts of Somalia. At the time of this allocation more than half the country had experienced serious drought conditions leading to depletion of water sources and pasture conditions. This triggered livestock migration and increased competition among pastoralists on the already limited resources. An estimated 2.3 million people in Somalia (20 per cent of the population) were experiencing alarming water shortages. About 96,000 had left their homes, especially in south and central areas, due to lack of access to food and water. Scarcity of water and poor sanitation facilities heightened the risk of communicable diseases outbreak. The below average crop production contributed to the sharp increase in cereal prices and general rise in food prices particularly in southern Bay region where sorghum and maize prices had increased by 15-30 per cent. The number of people requiring food assistance and protection was forecasted to rise by 30 per cent from 5.9 million to about 7.7 million in 2022. Acute malnutrition in children was on the rise and general nutrition outcomes were expected to be most severe at the end of the year due to limited access to food. By the end of 2021, the drought intensified leading to more displacements. An estimated 2.9 million people were displaced with women and children constitute 82 per cent of those displaced. On 24 November 2021, the country declared a state of emergency over the drought.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated \$8 million on 19 November 2021 from its Rapid Response window for early drought action. This funding enabled UN agencies and partners to provide life-saving assistance to some 437,483 people, including 43,815 women, 36,814 men, 66,792 girls and 64,992 boys, and 81,795 people with disabilities in the Water, Sanitation and Hygiene (WASH), Food Security, Health, and Protection sectors. The allocation served a dual purpose as it allowed agencies to provide immediate relief to affected populations, and to fund services in anticipation of worsening food insecurity, thus aiming to mitigate the impact of deteriorating conditions.

- IOM was able to provide clean and safe water to 67,072 individuals through emergency trucking and water source rehabilitation, including provision of hygiene kits to 24,000 individuals. Construction of 700 household latrines with handwashing facilities.
- FAO was able to reach a total of 52,083 households (312,498 people) in Kismayo and Wajid with unconditional cash support. A total of USD 499,500 was disbursed through mobile money operators to the identified and registered households. Each household in Kismayu received USD 90 while in Wajid each received USD 70 for a period of three months. The provision of veterinary services through livestock treatment supported vulnerable pastoral households to protect their livelihoods during the severe drought in Somalia
- UNFPA reached 13,076 beneficiaries through integrated mobile sexual and reproductive health services and information including mental health and psychosocial support (MHPSS) ante-natal/post-natal care, and birth spacing and support targeting displaced and drought-affected communities in hard-to-reach areas. Provision of lifesaving and referrals 7,811 beneficiaries including men, boys, women, and girls and 5,265 have received SRH and GBV promotive and preventive messages.
- UNHCR provided emergency protection support to the drought affected displaced persons, 2,348 vulnerable individuals were provided with cash assistance and 1,000 (800 females) benefited from referral pathways and supported with access to information and emergency protection assistance, which included support to gender-based violence (GBV) survivors.
- UNICEF and partners reached 142,500 drought-affected people, with emergency WASH in the targeted project locations. Upgraded 11 existing shallow wells with solar systems, rehabilitated 35 existing shallow wells, and provision of water treatment
- WFP provided food assistance to 93,990 vulnerable people adversely affected by drought, and internally displaced communities in 12 districts. A total of 15,665 HHs received cash transfers through e-vouchers.

WHO provided primary health care services to 169,520 people (including 93,236 internally displaced persons (IDPs), 22,050 women and 13,562 people with disabilities) in 12 drought-affected districts. Provision of medical supplies to 60 health facilities including cholera treatment units. Vaccinated 44,930 under-five children against measles

People Directly Reached

Overall estimate

The total people directly reached with the CERF grant was 437,483. Given the convergence in the geographical locations of the interventions and in order to avoid duplication, the geographic coverage and number of beneficiaries reached by each cluster was analysed. Since FAO targeted more locations and reached more beneficiaries, FAO figures were considered. Additionally, other locations not targeted by FAO (WASH beneficiaries in four locations, UNFPA's two locations and one WFP Food security location) were added up to arrive at the total of 437,483.

Sector estimate

To determine the persons reached by category, all sectors' specific categories were examined, and the sectors with the widest coverage of beneficiaries were used to avoid double counting.

People Indirectly Reached:

Approximately 300,000 additional people living in the areas indirectly benefitted from the food assistance cash transfer activities, a modality that was expected to stimulate and strengthen market activity at the local level where direct support was provided. The WASH interventions from IOM and WASH combined reached 28,548 indirect beneficiaries through access to water from the rehabilitated and upgraded water sources. This was because of expanded service delivery serving as a pull factor. Through project's information and awareness sessions on SRH and GBV services, UNFPA and partners indirectly reached 6,500 beneficiaries including women, girls, men, and boys. UNHCR estimates that approximately 5,000 indirect beneficiaries were reached. Approximately 200,000 people participated in community sensitization forums on social behavioural change communication (SBCC) approaches. For health interventions, 344,579 people in the 12 target districts indirectly benefited from the project through mass health education campaigns which focused on the prevention of communicable diseases.).

All in all, 884,627 people were indirectly reached.

CERF ALLOCATION REPORT ON THE USE OF FUNDS AND ACHIEVED RESULTS



Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	77,999	74,941	79,680	79,680	312,300	78,048	74,988	79,731	79,731	312,498
Food Security - Food Assistance	31,920	31,920	11,880	11,880	87,600	34,514	34,512	12,482	12,482	93,990
Health	37,724	50,007	30,865	40,915	159,511	40,091	53,145	32,802	43,482	169,520
Health - Sexual and Reproductive Health	18,104	426	2,129	639	21,298	20,636	486	2,427	729	24,277
Protection	8,636	7,703	8,366	7,997	32,702	10,280	6,320	8,300	7,100	32,000
Water, Sanitation and Hygiene	40,834	33,629	63,780	59,246	197,489	43,815	36,814	66,792	64,992	212,414

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	209,733	174,993
Host communities	164,791	262,489
Other affected people	0	0
Total	374,524	437,483

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Total		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	93,539	105,454	2,687	21,094
Men	89,873	107,139	2,369	22,413
Girls	95,556	108,722	3,337	18,520
Boys	95,556	116,169	3,209	19,768
Total	374,524	437,483	11,602	81,795

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-025

1. Project Information			
Agency:	FAO	Country:	Somalia
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-025
Project title:	Emergency life-saving support to Pastoral and Agro-pastoral households at risk of drought.		
Start date:	06/12/2021	End date:	05/06/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 116,400,000
	Total funding received for agency's sector response to current emergency:		US\$ 50,600,000
	Amount received from CERF:		US\$ 1,250,000
	Total CERF funds sub-granted to implementing partners:		US\$ 562,800
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 562,800	
Red Cross/Crescent Organisation		US\$ 0	

FAO reached a total of 52,083 households (312,498 people). A total of 2,050 households (12,300 people) in Kismayo and Wajid received unconditional cash support, in early 2022, so they could meet their immediate and most crucial food needs. A total of USD 499,500 was disbursed through mobile money operators to the identified and registered households. Each household in Kismayu received USD 90 while in Wajid each received USD 70 for a period of three months.

Under the livestock component, 2,001,325 animals belonging to 50,033 pastoral households (300,198 people) in southwest Somalia were treated between 12 February and 18 March 2022. The provision of veterinary services through livestock treatment has supported vulnerable pastoral households to protect their livelihoods during the severe drought currently ongoing in Somalia. A refresher training was conducted for a period of three days, from 5 to 7 February 2022, ahead of the treatment campaign which was launched thereafter with stakeholders in the livestock sector in attendance. Community mobilization was undertaken where they were informed on the planned treatment, the number of teams to be deployed to the respective locations and FAO's complaint hotline number. The implementing partner also created awareness during community mobilization on antimicrobial resistance and COVID 19 control measures.

2. Changes and Amendments

There were no changes or amendments made to the original work plan for agricultural activities. The activities were implemented based on those proposed as well as the planned modality (cash voucher assistance). There were also no changes under the livestock component and activities were implemented as planned.

3. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	23,990	23,050	24,555	24,555	96,150	24,005	23,064	24,571	24,571	96,211
Host communities	54,009	51,891	55,125	55,125	216,150	54,043	51,924	55,160	55,160	216,287
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	77,999	74,941	79,680	79,680	312,300	78,048	74,988	79,731	79,731	312,498
People with disabilities (PwD) out of the total										
	11,945	11,945	11,477	11,478	46,845	11,953	11,953	11,484	11,485	46,875

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

4. People Indirectly Targeted by the Project

Through this funding, activities implemented (unconditional cash support and animal treatment) may have indirectly benefited other people within the target district areas, namely Ceel Barde and Wajid district (Bakool region); Belet Xaawo, Ceel Waaq, Doolow and Luuq districts (Gedo region); Afmadow, Badhaadhe and Kismaayo districts (Lower Juba region); and Baidoa district (Bay region).

In the 10 districts where direct support was provided, approximately 300,000 additional people living in the areas may have benefitted indirectly from the effects of the cash transfer, a modality that is expected to stimulate and strengthen market activity at the local level. Beneficiaries of livestock treatment services are likely to demand for better prices for their livestock and therefore will enjoy increased incomes that can stimulate the local economy, contributing to stable supply and demand patterns, and therefore the availability of basic food and non-food commodities in local markets. Also, the desired objective of the project to prevent livestock death or deterioration of animal body condition is likely to increase the availability of food in markets, which is a benefit to all in the area from both a food security and nutrition perspective.

5. CERF Results Framework

Project objective To provide immediate access to basic household needs and contribute to the survival of productive livestock.

Output 1 12,300 individuals (2,050 households) benefit from monthly UCT for three months.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster		Food Security - Agriculture		
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	499,500	499,500	-Disbursement reports -Form management tools -Call centre verification results -FAO financial report -Interim report submitted to the donor
Indicator 1.2	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers 2,050 HHs (12,300 individuals)	12,300	12,300	-FAO data available in form management tools -Call centre verification results -Disbursement reports -Interim report in the custody of FAO and the donor
Indicator 1.3	Number of post-distribution monitoring (PDM) conducted	1	0	Post Distribution Monitoring and a cash Impact Assessment will be conducted in August 2022. The report will be shared after validation.

	Conducted by week 16.																			
Explanation of output and indicators variance:		PDM and a cash Impact Assessment will be conducted in August 2022 and the report will be shared after validation																		
Activities	Description	Implemented by																		
Activity 1.1	Community mobilization, and beneficiary identification and verification of 2,050 households to be supported with UCT. The community mobilization in Kismaayo and Wajid districts, and beneficiary identification and verification exercises will be conducted during the first two weeks of the project. A total of 900 and 1,150 households will be registered in Kismaayo and Wajid districts respectively, making a total of 2,050 households targeted under this activity.	<p>Food and Agriculture Organization Call Centre and Agriculture Emergency Team</p> <p>FAO selected a total of 2,050 households to receive unconditional cash support through call centre action The call centre was used to reach pre-registered beneficiaries to confirm their details as well as to confirm if the households had been affected by drought before inclusion. Households were screened based on data collected through the call centre and listed for inclusion in the intervention. In addition, mobilization was done through various platforms, including bulk text messages and local radio stations.</p> <p>Of the identified and selected households 1,161 (56.63%) were headed by women.</p> <p>In the third week of December 2021 through the first week of January 2022, FAO identified and mobilized 2,050 households in Kismaayo and Wajid District. Households were screened to ensure they met the set criteria listed below before inclusion into the project, including:</p> <ol style="list-style-type: none"> Residing in either Kismayo or Wajid District. Were farmers in the district and had planted a crop in Deyr 2021 cropping season. If they harvested any crop, those with no harvest due to drought, people were considered for immediate cash assistance as the household did not have food reserves. Were not recipients of any aid in the last three months (this meant that households were not under any intervention and needed urgent aid). Had not been targeted for any aid. <p>All those who met the criteria were selected.</p> <table border="1"> <thead> <tr> <th>District</th> <th>Number of planned households</th> <th>Number of households reached</th> <th>Unit Rate (USD) per HH</th> </tr> </thead> <tbody> <tr> <td>Wajid</td> <td>1,150</td> <td>1,150</td> <td>90</td> </tr> <tr> <td>Kismayo</td> <td>900</td> <td>900</td> <td>70</td> </tr> <tr> <td>Total</td> <td>2,050</td> <td>2,050</td> <td></td> </tr> </tbody> </table>			District	Number of planned households	Number of households reached	Unit Rate (USD) per HH	Wajid	1,150	1,150	90	Kismayo	900	900	70	Total	2,050	2,050	
District	Number of planned households	Number of households reached	Unit Rate (USD) per HH																	
Wajid	1,150	1,150	90																	
Kismayo	900	900	70																	
Total	2,050	2,050																		
Activity 1.2	Cash disbursement to 900 Households in Kismaayo and another 1,150 households in Wajid through mobile money. 2,050 agro-pastoral households in Wajid (1,150 households) and Kismaayo (900 households) districts will be provided with three months of UCT on a monthly basis during the lean season at 80 percent of the Food MEB. Transfers will be valued at USD 90 and USD 70 each month in Wajid and Kismaayo districts respectively. The first round of cash transfers will be	<p>Food and Agriculture Organization Agriculture Emergency Team through the FAO contracted Financial Service provider Hormuud Telco.</p> <p>FAO released all three cash payments to 2,050 households (12,300 people) amounting to USD 499,500 between January and March 2022 in line with the work plan. All cash payments were finalized through mobile money transfer. Each household received USD 90 in Wajid and USD 70 in Kismaayo per month for a period of three months</p> <table border="1"> <thead> <tr> <th>District</th> <th>Number of households</th> <th>Number of people</th> <th>Amount disbursed in USD</th> </tr> </thead> <tbody> <tr> <td>Wajid</td> <td>1,150</td> <td>6,900</td> <td>310,500</td> </tr> <tr> <td>Kismayo</td> <td>900</td> <td>5,400</td> <td>189,000</td> </tr> <tr> <td></td> <td>2,050</td> <td>12,300</td> <td>499,500</td> </tr> </tbody> </table> <p>First Round Breakdown</p>			District	Number of households	Number of people	Amount disbursed in USD	Wajid	1,150	6,900	310,500	Kismayo	900	5,400	189,000		2,050	12,300	499,500
District	Number of households	Number of people	Amount disbursed in USD																	
Wajid	1,150	6,900	310,500																	
Kismayo	900	5,400	189,000																	
	2,050	12,300	499,500																	

	delivered to beneficiaries by week 4; the second transfer by week eight, and the last transfer by week 12.	<table border="1"> <thead> <tr> <th>District</th> <th>Number of households</th> <th>First cash payment</th> <th>Second cash payment</th> <th>Third cash payment</th> </tr> </thead> <tbody> <tr> <td>Wajid</td> <td>1,041</td> <td>5 Jan 22</td> <td>12 Feb 22</td> <td>17 Mar 22</td> </tr> <tr> <td>Kismaayo</td> <td>790</td> <td>12 Jan 22</td> <td>12 Feb 22</td> <td>17 Mar 22</td> </tr> </tbody> </table>					District	Number of households	First cash payment	Second cash payment	Third cash payment	Wajid	1,041	5 Jan 22	12 Feb 22	17 Mar 22	Kismaayo	790	12 Jan 22	12 Feb 22	17 Mar 22					
		District	Number of households	First cash payment	Second cash payment	Third cash payment																				
Wajid	1,041	5 Jan 22	12 Feb 22	17 Mar 22																						
Kismaayo	790	12 Jan 22	12 Feb 22	17 Mar 22																						
		<p>Second Round Breakdown (Off plan payment for households verified in the second round*)</p> <table border="1"> <thead> <tr> <th>District</th> <th>Number of households</th> <th>Off-plan payment</th> <th>Off-plan payment</th> </tr> </thead> <tbody> <tr> <td>Kismaayo</td> <td>109</td> <td>6 Mar 22</td> <td></td> </tr> <tr> <td>Kismaayo</td> <td>1</td> <td>15 March</td> <td></td> </tr> <tr> <td>Wajid</td> <td>100</td> <td>16 March</td> <td></td> </tr> <tr> <td>Wajid</td> <td>9</td> <td>12 Feb 22</td> <td>12 Mar 22</td> </tr> </tbody> </table> <p><i>*Under the off-plan payment, the first payment was released and then two payments were combined and sent as a single payment. Hence, the different pattern of disbursement dates listed in the above payment table. This was applicable to beneficiaries verified in the second and third round based on their availability.</i></p>					District	Number of households	Off-plan payment	Off-plan payment	Kismaayo	109	6 Mar 22		Kismaayo	1	15 March		Wajid	100	16 March		Wajid	9	12 Feb 22	12 Mar 22
District	Number of households	Off-plan payment	Off-plan payment																							
Kismaayo	109	6 Mar 22																								
Kismaayo	1	15 March																								
Wajid	100	16 March																								
Wajid	9	12 Feb 22	12 Mar 22																							
Activity 1.3	One Post distribution monitoring (PDM). A PDM will be conducted by the 16th week of the project. This will monitor the impact of cash transfers in improving the food security of households targeted.	Food and Agriculture Organization Monitoring and Evaluation Team through Field Monitors will conduct a PDM and Impact Assessment in August 2022 specifically on the UCTs under Output 1																								

Output 2	Provision of veterinary services through livestock treatment targeting 2 million animals (approx. 50,000 households)			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.2 Number of animals vaccinated, dewormed and/or treated First intermediary target dates 500,000 animals (6 weeks) Second intermediary target date: 1,000,000 animals (11 weeks) Final target date: 2,000,000 animals (15 weeks)	2,000,000	2,001,145	Partners' report, call centre verification
Indicator 2.2	Number of people benefiting from livestock treatment activities (300,000 individuals (50,000 HH)	300,000	300,198	Partners' report, call centre verification
Indicator 2.3	Number of progress reports submitted by the IP to FAO Submitted on a bi-weekly basis to FAO.	6	7	Partners' report Treatment was completed within five weeks, confirmed by five weekly

				progress reports and two interim reports.
Indicator 2.4	Number of PDMs conducted Conducted by week 24.	1	1	PDM final report pending validation.
Explanation of output and indicators variance:		<p>As the target was 2 million animals, and the achievement of this target was accurate to 1.0006% of the target. This does not represent a significant change, as there is normally a bit of variance with such a high figure. The number of animals treated is also influenced by dosage rate. If more small animals are presented to the team for treatment, the number of animals eventually reached is likely to be higher than the target.</p> <p>The number of reports produced by the implementing partner and submitted to FAO was overachieved (5 progress reports and 2 interim reports), as they reflect the length of implementation. In this case, five progress reports were submitted in line with how many weeks the activity lasted</p>		
Activities	Description	Implemented by		
Activity 2.1	Identification of the IP, community mobilization, and household targeting exercises. Engagement and contracting of the IP, refresher training to the IP, development of deployment frameworks and veterinary teams work plans and deployment of the veterinary teams with the veterinary supplies to the identified veterinary services sites where there is concentration of beneficiaries with their livestock. Community mobilization and identification of the vulnerable households.	<p>The implementing partner, Southwest livestock professional association (SOWELPA), was identified in December 2021. SOWELPA was selected based on the capacity to implement mass treatment, previous experience in implementation of activities of similar nature and access to the areas of implementation. FAO engaged the partner from 18 January 2022 through a Letter of Agreement. Veterinary medicines to treat internal and external parasites, common infections, blood parasites and malnutrition were procured locally in South Central Somalia and distributed to the treatment sites before commencement of the veterinary services provision exercise. A refresher training on clinical examination, hygienic disposal of waste and data entry was conducted for a period of three days, from 5 to 7 February 2022. The treatment campaign was launched on 8 February 2022 with stakeholders in the livestock sector in attendance. Community mobilization was undertaken between 9 and 11 February 2022 and community members were informed on the planned treatment, the number of teams to be deployed to the respective locations and FAO's complaint hotline number. The implementing partner also created awareness during mobilization on antimicrobial resistance and COVID 19 control measures.</p>		
Activity 2.2	Provision of veterinary services to 2 million sick animals at the treatment sites within the nine target districts. Provision of veterinary services through treatment of 2 million sick animals at the treatment sites within the nine target districts. 50,000 (additional) pastoral households in Ceel Barde (8,625 HH/ 345,000 animals), Belet Xaawo (3,500 HH/ 140,000 animals), Ceel Waaq (7,000 HH/ 280,000 animals), Doolow (6,250 HH/ 250,000 animals), Luuq (3,875 HH/ 155,000 animals), Afmadow (3,750 HH/ 150,000 animals), Badhaadhe (4,000 HH/ 160,000 animals), Kismaayo (4,250 HH/ 170,000 animals) and Baidoa (8,750 HH/ 350,000 animals) districts will be targeted with livestock treatment. In this activity, FAO will provide essential veterinary support to approximately two	<p>Provision of veterinary services commenced on 12 February 2022 and was implemented for a period of five weeks. A total of 2,001,325 sick animals (goats, sheep, camel, cattle) belonging to 50,033 pastoral households (300,198 people) were treated against common conditions such as ecto and endoparasites, bacterial infections including respiratory infections and vector borne infections leading to nutritional deficiencies after clinical examination. The animals were from within the districts outlined below:</p> <p>Afmadow (3,924 households / 156,979 animals) Baidoa (8,747 households / 349,895 animals) Badhaadhe (4,007 households / 160,256 animals) Belet Xaawo 5,626 households / 225,048 animals)</p>		

	million sick camels, cattle, and shoats. The livestock treatment will include treatments against internal and external parasites, respiratory infections, bacterial infections, and nutritional deficiencies after clinical examination of the livestock.	Ceel Barde: 8,634 households / 345,376 animals) Ceel Waaq (3,752 households / 150 060 animals) Doolow (5,626 households / 225,037 animals) Luuq (5,627 households / 225 065 animals) Kismaayo (4,090 households / 163,609 animals)
Activity 2.3	Support 50,000 (additional) pastoral households in Ceel Barde, Belet Xaawo, Ceel Waaq, Doolow, Luuq, Afmadow, Badhaadhe, Kismaayo and Baidoa districts with livestock treatment	Through this action, approximately 50,033 households were supported through provision of veterinary services in Afmadow, Badhaadhe, Baidoa, Belet Xaawo, Ceel Barde, Ceel Waaq, Doolow, Luuq and Kismaayo.
Activity 2.4	Preparation and submission of the weekly progress reports to FAO. Preparation and submission of the weekly progress reports to FAO. The reports will indicate the activities undertaken within the reporting period and will include community sensitization and number of livestock treated.	Five weekly progress reports, a midterm report and final report were received from the implementing partner on a periodic basis. The reports detailed the project implementation modalities, including the community mobilization process, publication of the FAO hotline number and the number of animals treated.
Activity 2.5	Conduct one livestock PDM. One Livestock PDM will be conducted at the end of animal treatment activities to measure the satisfaction levels of households targeted and make observation of any immediate outcomes of the activities.	The PDM final report is complete but pending validation. Results will be shared after validation of the report.

6. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Robust measures were put in place to mitigate risks related to the diversion of cash provided to beneficiaries under cash+ programming. Mobile money transfers were adopted for cash transfer to beneficiaries, to reduce the risk of diversion and attack. FAO also monitored the receipt of cash by beneficiaries through the call centre, with a successful transfer rate of 100%. In addition, the FAO call centre conducted systematic call surveys to a sample of beneficiaries. Questions focused on AAP and protection related issues and sought to identify unfair selection and discrimination of targeted groups. During the project implementation, there were no cases reported. During the launch of the treatment intervention, the implementing partner undertook community mobilization meetings to create project awareness at the community level. Specific details, such as the number of households to be supported with the veterinary services, targeting criteria and duration of the treatment campaign, were explained and the FAO hotline number was shared.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

FAO has put in place a robust Complaints, Compliance and Feedback System (CoCO) where beneficiaries were provided with a two-way platform for beneficiary complaints and feedback. Specifically, awareness regarding the FAO hotline number was raised among the beneficiaries by publishing it in all community meetings and displaying it on tools such as banners and posters. After registration and prior to activity starts, beneficiaries receive a bulk SMS with the hotline number and entitlement information. FAO monitored the success rate of sharing the hotline number through call centre verification. Feedback from beneficiaries on the project was received by a dedicated team at the field level. FAO also employed field monitors and third-party monitors at implementation sites to monitor activities and provide feedback in case of any deviation from standard operating procedures. This process allowed beneficiaries to raise concerns regarding implementation.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Letters of Agreement issued to the implementing partners clearly indicated FAO's zero tolerance of sexual exploitation and abuse. FAO has an existing local complaint platform to report sexual exploitation and abuse through the FAO call centre, wherein beneficiaries have been provided with FAO's toll-free hotline number that they can use to report any sexual exploitation confidentially. The Hotline is made public in all partners' meetings and FAO monitors the widespread dissemination of the number via the call centre.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

District	Households headed by women	Households headed by men
Kismaayo and Wajid	1 161	889
Percentage %	56.63	43.37

FAO's cash+ activities had a minimum targeting requirement as detailed in the results framework above in Section 6, which ensured that there was a focus on households headed by women, the inclusion of pregnant and lactating mothers and households with children below the age of five.

While the provision of veterinary services does not directly target these groups, they benefit indirectly from livestock treatment, such as improved milk and meat production at the household level, as well as increased household income due to improved livestock trade opportunities. Livestock treatment activities target female headed households at 30% of overall beneficiaries reached

e. People with disabilities (PwD):

Access for people living with disabilities was achieved through enhanced community outreach and awareness building. During beneficiary targeting, people living with disabilities were given the priority. In addition, the treatment sites were deliberately located in areas that were easy to access by people living with disabilities.

f. Protection:

Through various forums, beneficiaries also received communication on project intervention, their entitlements, issues related to protection and gender mainstreaming and available feedback mechanisms, enabling them to channel grievances to FAO (deviation, coercion, taxation, violation of their rights, etc.). Through their feedback, FAO has been able to improve on programming, including targeting, inclusion, gender mainstreaming, protection, and beneficiary packages to suit needs on the ground. FAO community mobilization and sensitization, undertaken before the start of each activity, ensured that beneficiaries were involved in project design and planning. As

described above, mobile money transfer was used to reduce the risk of diversion and attack and protect the safety and security of those receiving funds. Activities were conducted and beneficiaries engaged with the full knowledge of the national and local authority and community.

g. Education:

For the livestock activities, implementing partners' staff were provided with refresher training on basic principles before the implementation of the project activities. The training also provided an opportunity for beneficiaries to be trained on livestock nutrition. Family nutrition trainings were also integrated into the training to ensure that locally available foods are well utilized and hence improving overall community nutrition. In addition to face-to-face training, sessions were also broadcast via the community radio in local dialects to enhance reach. Through trainings in good agricultural practices (radio programs and physical/in person training for lead farmers followed by farmer-to-farmer extension), beneficiaries now farm in a manner that is environmentally sound to avoid any further depletion of resources. GAP and nutrition education was done through radio stations supported by a different resource partner. Since the households targeted with UCT were also engaged in crop production, this would build their knowledge base on crop production and offer guidance in making informed decision on items to prioritize upon receipt of UCT.

7. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,050 households, 12,300 people in Kismayo and Wajid districts

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

FAO adopted CVA to reach beneficiaries in Kismaayo and Wajid with unconditional cash support. Each household received USD 90 in Wajid and USD 70 in Kismaayo. The cash was disbursed through mobile money platforms upon successful verification of households. This enabled households meet their immediate needs during the lean period.

CVA for the livestock component was not considered in the provision of treatment services due to the limited geographic spread of veterinary service providers within south central Somalia against the need to respond urgently to the emergency. Moreover, there would also have been constraints in quality control of veterinary medicines, as well as monitoring of implementation as numerous service providers would be required.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.2 Cash transfers	12 300	USD 499,500	Food Security - Agriculture Food Security - Agriculture	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

8. Visibility of CERF-funded Activities

Title	Weblink
Tweet	https://bit.ly/3dQWIPc
Tweet	https://bit.ly/3wpdbjW
[Insert]	[Insert]

3.2 Project Report 21-RR-IOM-033

1. Project Information

Agency:	IOM	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	21-RR-IOM-033
Project title:	Emergency drought response through provision of integrated water, sanitation, and hygiene promotion (WASH) services		
Start date:	08/12/2021	End date:	07/06/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 9,000,000
Total funding received for agency's sector response to current emergency:	US\$ 3,250,000
Amount received from CERF:	US\$ 1,750,000
Total CERF funds sub-granted to implementing partners:	US\$ 4,900
Government Partners	US\$ 4,900
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Under this CERF RR project, IOM successfully implemented water, sanitation and hygiene promotion activities targeting locations that were severely affected by the drought. The activities included: 1) increasing access to temporary and sustainable clean, safe water through emergency trucking and strategic water source rehabilitation to reach 70,620 individuals (24,717 girls, 21,186 boys, 14,124 women, 10,593 men) including 3,548 individuals (591 households) and 25,000 livestock not initially targeted, 2) 21,000 people (7,350 girls, 6,300 boys, 4,200 women, 3,150 men) consisting of 350 HHs had access to improved sanitation facilities/latrines, 3) hygiene kit distribution to 4,000 HHs comprised of 24,000 individuals (13,200 female, 10,800 male) and 4) a total of 70,620 individuals reached through integrated hygiene promotion activities.

In the provision of water, 38,580 individuals (13,503 girls, 11,574 boys, 7,716 women, 5,787 men) living in the villages of Luuq, Dhuyacley, Ceel Waaq, Garmdow (Gedo region) and Dhobley (Lower Juba region) received emergency water through trucking. This population consisted of approximately 6,430 HHs, with each person receiving 13.3 litres/day, slightly below the targeted 15 litres/day/person initially targeted as result of the more HHs reached as described above. In addition, and as an exit strategy to emergency water trucking, several strategic water sources were rehabilitated/constructed. These water points included five traditional shallow wells in Belet Xawo, nine motorized shallow wells (two in Afmadow, two in Luuq, three in Afgoye, and two in Barawe) and one borehole in Hosingow (Dhobley) benefiting approximately 32,040 individuals (11,214 girls, 9,612 boys, 6,408 women, 4,806 men) with the targeted 15 litres/person/day.

On access to improved sanitation, IOM constructed 700 household latrines with handwashing facilities: 100 in Belet Xaawo, 100 in Afgoye, 100 in Baraawe, 200 in Afmadow and 200 in Kismayo. During the allocation of the latrines, priority was given to newly displaced families, those with special needs such as disabilities and female headed HHs. A total of 21,000 individuals (11,550 female and 9,450 male) benefited from this activity as planned. IOM further distributed 4,000 hygiene kits to vulnerable HHs consisting of 24,000 individuals (13,200 females and 10,800 males). The hygiene kits contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a five-litre bucket and two packets of sanitary pads. In addition, the families were trained by hygiene promoters on the safe use of the water purification tablets and the importance of cleaning water storage containers. To get feedback from the beneficiaries, two post-distribution monitoring (PDM) surveys were conducted as per the annexed results (Annex 1).

Finally, IOM provided integrated and beneficiary-involved hygiene promotion activities conducted by 50 (25 female, 25 male) on the job trained hygiene promoters in all project locations. Beneficiaries, through the water committee representatives, were involved in the identification of hygiene gaps in their respective settlements and were included in the delivery of hygiene promotion sessions. The hygiene promotion activities focused on treatment of unprotected water sources to counter disease outbreaks, handwashing at critical times, cleaning and maintaining of latrines, COVID-19 prevention measures, maintenance of water sources and overall environmental hygiene practices like solid waste disposal. All 70,620 individuals reached by the project received these messages.

3. Changes and Amendments

-

There were no substantial amendments, modification, or changes. All activities were implemented as planned and targets successfully reached.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,366	4,024	9,390	8,048	26,828	5,593	4,195	9,788	8,390	27,966
Host communities	8,049	6,037	14,085	12,073	40,244	8,390	6,292	14,682	12,584	41,948
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,415	10,061	23,475	20,121	67,072	13,983	10,487	24,470	20,974	69,914
People with disabilities (PwD) out of the total										
	134	101	235	201	671	141	106	247	212	706

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A total of 3,548 individuals (591 households) and an estimated 25,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the project. This was because of expanded service delivery serving as a pull factor.

6. CERF Results Framework

Project objective	Improved access to clean water, sanitation and hygiene for communities affected by drought in Belet Xaawo, Ceel Waaq, Luuq, Afmadow, Kismaayo, Afgooye and Baraawe districts			
Output 1	67,072 individuals with enhanced access to temporary and sustainable clean, safe water through emergency trucking and water source rehabilitation			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of people who received temporary water through trucking (36,000 people (5,400 men, 7,200 women 10,800 boys and 12,600 girls). 50% to be reached by the end of the 2nd week and 100% by the 4th week)	36,000	38,580 (13,503 girls, 11,574 boys, 7,716 women 5,787 men)	Beneficiaries lists and PDM report
Indicator 1.2	Number of shallow wells rehabilitated (5 shallow wells to be completed by the end of the 2nd month and 8 shallow wells by the end of the 5th month.)	5	14 (5 traditional shallow wells and 9 motorised shallow wells)	Engineer reports, field photos (Annex 2)
Indicator 1.3	Number of Boreholes rehabilitated/ upgraded. (1, rehabilitation completed by the 12th week)	1	1	Engineer reports, field photos (Annex 2)
Indicator 1.4	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (people among the host community and internally displaced people (IDPs) affected by the emergency have access to safe water through rehabilitated water sources (boreholes, motorized and unprotected shallow wells)) (31,072 people (4,661 men, 6,214 women, 9,322 boys and 10,875 girls). 2,500 people will access water by the end of the 8th week and 28,572 by the 16th week)	31,072	32,040 individuals (11,214 girls, 9,612 boys, 6,408 women, 4,806 men)	Beneficiaries lists and PDM report

Explanation of output and indicators variance:	Most of the targets set out were reached as planned. An increase in the number of beneficiaries reached was seen in indicators 1.1 and 1.3, which is a result of pull factors due to the availability of services.
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Activities	Description	Implemented by
Activity 1.1	Emergency water supply through voucher system	IOM
Activity 1.2	Rehabilitation/upgrading 9 motorized wells and 5 unprotected shallow wells	IOM
Activity 1.3	Rehabilitation of 1 borehole	IOM
Activity 1.4	Registration and monitoring of beneficiaries accessing water from rehabilitated water sources	IOM

Output 2 21,000 drought-affected individuals, including children and women in affected areas with improved access to sanitation facilities through the construction and rehabilitation of latrines with handwashing facilities.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities (21,000 people (11,550 female and 9,450 male) will have access by end of the 6th week)	21,000	21,000 individuals (11,550 female and 9,450 male)	Beneficiaries' lists, field photos
Indicator 2.2	WS.3 Number of WASH (e.g., latrines) structures constructed or rehabilitated that offer privacy for women and girls (700 latrines)	700	700	Engineer reports, field photos

Explanation of output and indicators variance: Both indicators were achieved as planned, no notable variation.

Activities	Description	Implemented by
Activity 2.1	Construction of 700 latrines with handwashing stations	IOM
Activity 2.2	Registration and allocation of latrines	IOM
Activity 2.3	Training of households on latrine maintenance	IOM

Output 3 4,000 vulnerable HHs with access to hygiene kits including menstrual hygiene supplies

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people receiving hygiene kits. (24,000 people (13,200 female, 10,800 male) from 4,000 HHs)	24,000	24,000 individuals (13,200 females and 10,800 males)	Beneficiaries' lists, PDM reports

Indicator 3.2	Number of WASH hygiene kits distributed (hygiene kits by 12th week)	4,000	4,000	Distribution lists, field report/photos
Indicator 3.3	Number of post-distribution monitoring assessments conducted (2 PDM assessments conducted by the 16th week)	2	2	PDM report

Explanation of output and indicators variance: Indicators were achieved as planned, no notable variation

Activities	Description	Implemented by
Activity 3.1	Procurement of hygiene kits	IOM
Activity 3.2	Identification and registration of beneficiaries	IOM
Activity 3.3	Distribution of hygiene kits	IOM
Activity 3.4	Post-distribution monitoring assessment	IOM

Output 4 67,072 people with improved hygiene practices through gap tailored hygiene promotion activities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (key hygiene promotional messages) (67,072 people (10,061 men, 13,415 women, 20,121 boys and 23,475 girls). 50% to be reached by the end of the 12th week and 100% by the 22nd week)	67,072	70,620 individuals (24,717 girls, 21,186 boys, 14,124 women, 10,593 men)	Sessions' photos, field reports
Indicator 4.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (hygiene and sanitation promoters) (50 (at least 50% female)	50	50 (25 female, 25 male)	Photos, reports

Explanation of output and indicators variance: Slight increase of beneficiary figures for indicator 4.1 as result of expanded services, no other variation.

Activities	Description	Implemented by
Activity 4.1	Training of hygiene promoters	IOM
Activity 4.2	Hygiene promotion sessions at the HH level	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

In line with IOM policy, all beneficiaries (women, men, girls and boys) were given equal opportunity to actively participate in all the activities of the project from planning, implementation and monitoring. During the planning/design phase, IOM dispatched program teams directly to the districts to meet with the local authorities and line ministry officials for briefing, endorsement of activities and the nomination of members of local authorities/the Ministry of Water to act as focal persons for the project. The appointed focal persons then travelled with IOM program teams to the villages/activity locations for another briefing and introduction of activities at the village level as well as identifying the exact locations (in the case of the shallow wells) and re-confirm malfunctioning parts (in the case of the boreholes). During the project implementation, a team of water committees doubling as hygiene promoters were recruited and trained to oversee and support activities. The committee was also responsible to support the program team to collect beneficiaries' feedback and identify vulnerable members of the community for service inclusion.

b. AAP Feedback and Complaint Mechanisms:

IOM has a well-structured multi-faceted feedback mechanism that captures community feedback while guaranteeing confidentiality. For this project, community committees held regular weekly meetings chaired by IOM at project sites together with the contractors to monitor the progress of the water sources' rehabilitation and to capture community perception of the quality of work and variations encountered (if any). After work was completed, committees further gathered feedback from the beneficiaries. Volunteer community mobilizers recruited during hygiene promotion conducted door-to-door consultations and interviews to collect complaints and feedback in person. This approach allowed face to face interaction (while also taking COVID-19 prevention measures into consideration) to facilitate more qualitative feedback and ensured anonymity. PDM surveys among beneficiaries on the hygiene kit distributions and interviews with local authorities/Ministry of Water officials as proxy representatives of the communities were also used to capture the community's needs and challenges.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

PSEA training is mandatory for all IOM staff and a PSEA clause is included in all IOM contracts with service providers, vendors and project implementing partners. IOM also provided an orientation on sexual exploitation and abuse (SEA) and reporting mechanisms (including a toll-free number) to community committees, hygiene promoters and mobilizers.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

In line with the Protection Principles, IOM team considered all measures that reduce possible risks of violence, especially for those with vulnerabilities. During the assessment, analysis, and planning phase, the team ensured gender equality by incorporating gender-responsive elements and capacity-building needs and the concerns of women and girls were addressed and mainstreamed. Notably, the broader protection factors that exacerbate the risks of GBV in the project setting were assessed, such as unsafe routes to the water points. During community consultations, feedback forums and data collection, equal opportunities were given to women, men, girls, vulnerable members, male and female headed HHs to air their views and all groups were given equal access to services. Finally, specific indicators were incorporated and measured through the final assessment to identify any GBV/security issues experienced during the implementation and to eventually support the referral process in coordination with the CCCM team. Similarly, the team ensured that minority groups received the assistance equally and that the intervention did not exacerbate already existing tensions within the community

e. People with disabilities (PwD):

Project staff, community committees and hygiene promoters were sensitized on the inclusion of disability as part of a larger vulnerability-based beneficiary selection criteria. PwD were given priority for services delivery at water-fetching points, feedback forums and data collection times. During the distribution of hygiene kits, PwD were pre-identified and home deliveries arranged in order to prevent unforeseen risks and safeguard their dignity.

f. Protection:

Throughout the project phases, the principle of “do not harm” was upheld. At the design level, confidentiality, anonymity, and data protection for all beneficiaries were planned and introduced to all stakeholders. Similarly, safeguards were put in place during the profiling and registration of the beneficiaries. Inclusion of women and girls in the consultation process, seeking consent for data collection and visibility materials of subjects was also incorporated in the design of the project. In addition, during the project implementation, the enumerators and hygiene promoters’ capacity to identify and respond to GBV and security issues were enhanced through ad-hoc training sessions.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

There are no commercial water vendors in these locations and hence IOM instead hired trucks to supply water.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Multi-donors funded (including CERF) short video on drought response	https://twitter.com/IOM_Somalia/status/1541315391804346368
Social media visibility on Twitter	https://twitter.com/IOM_Somalia/status/1516685035159670784
Social media publication on activities	https://twitter.com/IOM_Somalia/status/1516681800151711749

3.3 Project Report 21-RR-FPA-033

1. Project Information			
Agency:	UNFPA	Country:	Somalia
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	21-RR-FPA-033
Project title:	Delivering quality lifesaving and age-appropriate sexual and reproductive health (SRH) services to vulnerable pregnant mothers, women, and girls in drought-affected locations.		
Start date:	09/12/2021	End date:	08/06/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,200,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 395,212
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 395,212
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

UNFPA through its implementing partners have provided life-saving services to 24,617 beneficiaries in in Gedo (Baardheere, Garbaharey and Elwak), Bay (Baidoa, Diinsoor), and Bakool (Hudur). 5,072 of the droughts affected population delivered in the health centres supported by skilled birth attendants and 6,129 women received emergency obstetric care in the EmONC facilities in the project target locations. Also, UNFPA reached 13076 beneficiaries through 9 (nine) integrated mobile sexual and reproductive health services and information including mental health and psychosocial support (MHPSS) ante-natal/post-natal care, and birth spacing and support targeting displaced and drought-affected communities in hard-to-reach areas in Gedo (Baardheere, Garbaharey and Elwak), and Bay (Baidoa and Diinsoor). and assisted lifesaving and referrals 7,811 beneficiaries including men, boys, women, and girls and 5,265 have received SRH and GBV promotive and preventive messages during the project lifetime. Furthermore, UNFPA conducted a two-refresher training Minimal Initial Service Package (MISP) for reproductive health in crises to 65 health care providers including senior managers to enhance and improve the capacity in implementing lifesaving SRH/GBV services

3. Changes and Amendments

There were no changes made during the project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	421	0	37	0	458	198	0	20	0	218
Host communities	218	0	26	0	244	113	0	9	0	122
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	639	0	63	0	702	311	0	29	0	340
People with disabilities (PwD) out of the total										
	8	0	5	0	13	8	0	2	0	10

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,725	111	556	167	5,559	5,386	127	633	190	6,336
Host communities	13,379	315	1,573	472	15,739	15,250	359	1,793	539	17,941
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	18,104	426	2,129	639	21,298	20,636	486	2,427	729	24,277
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

72	9	17	4	102	58	6	11	3	78
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Through this CERF grant, UNFPA and partners reached 6,500 beneficiaries including women, girls, men and boys benefited indirectly from project's information and awareness sessions on SRH and GBV services availability and risk mitigation and prevention.

6. CERF Results Framework

Project objective	Deliver quality lifesaving and age-appropriate sexual and reproductive health (SRH) services to vulnerable pregnant mothers, women, and girls in the drought-affected regions in Somalia			
Output 1	Provision of lifesaving emergency obstetric and new-born care (EmONC) services for vulnerable women and girls in drought affected regions			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	RH.1 Number of live births assisted by a skilled health personnel	4,231	5,072	The implementing partner reports
Indicator 1.2	H.8 Number of primary healthcare consultations provided (focusing pregnancy related complications and family planning counselling)	5,359	6,129	The implementing partner reports
Indicator 1.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (on minimum initial service package (MISP))	40	65	The implementing partner reports
Explanation of output and indicators variance:		UNFPA and partners was able to reach above and beyond project targets and provided life-saving emergency obstetric and new-born care (EmONC) services for vulnerable women and girls in drought affected regions		
Activities	Description	Implemented by		
Activity 1.1	Conclusion/adaptation of implementing partner agreements	United National Population Fund (UNFPA)		
Activity 1.2	Support and maintain Emergency obstetric care services (BEmONC) to provide safe deliveries and deal with Emergency Obstetric complications	Action for Relief and Development (ARD); Rural Education and Agriculture Development Organization (READO); Salaam Medical Agency (SAMA)		
Activity 1.3	Conduct two refresher trainings on the Minimum Initial Service Package (MISP) for SRH in crises	United Nations Population Fund (UNFPA)		
Output 2	Support integrated mobile outreach campaigns that will provide lifesaving Sexual and Reproductive Health (SRH) targeting the hard-to-reach drought-affected locations			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with SRH and GBV services and information including referrals through mobile outreach campaigns	7,258	7,811	The implementing partner reports
Indicator 2.2	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (SRH and GBV)	4450	5,265	The implementing partner reports
Explanation of output and indicators variance:		Under this output, UNFPA and partners managed to successfully reach and beyond the project targets and this is because mobile teams and services was able to reach more people in need of lifesaving SRH and GBV services in hard-to-reach areas and in the newly displaced camps.		
Activities	Description	Implemented by		
Activity 2.1	Conduct 9 integrated SRH mobile outreach campaigns in the drought-affected and hard to reach areas	Action for Relief and Development (ARD); Rural Education and Agriculture Development Organization (READO); Salaam Medical Agency (SAMA)		
Activity 2.2	Support referral of complicated pregnancies cases to referral facilities including integration of psychosocial support services with provision of modern contraceptives	Action for Relief and Development (ARD); Rural Education and Agriculture Development Organization (READO); Salaam Medical Agency (SAMA)		
Activity 2.3	Support integrated SRH awareness raising sessions targeting pregnant women and women at reproductive age	Action for Relief and Development (ARD); Rural Education and Agriculture Development Organization (READO); Salaam Medical Agency (SAMA)		

Output 3	Ensure the provision of Clinical Management of Rape (CMR) and Care for GBV survivors in the EmONC facilities			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.)	702	340	The implementing partner reports
Explanation of output and indicators variance:		Number of survivors benefited the services are lower than the achievement and this because of the reduced number of women seeking support in the target location. And it was noted factors including worsened drought conditions and increased needs and search for food and water for survival.		
Activities	Description	Implemented by		
Activity 3.1	Integration of the CMR services in EmONC facilities	Action for Relief and Development (ARD); Rural Education and Agriculture Development Organization (READO); Salaam Medical Agency (SAMA)		
Activity 3.2	Support health and case managers to provide lifesaving GBV services including first line response to GBV survivors	United Nations Populations Fund (UNFPA)		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

At the beginning of the project, UNFPA and its partners conducted pre-consultations on needs that informed project design through formal and informal consultations with stakeholders. Discussions with stakeholders which included service providers, women at reproductive age and adolescent groups enabled the targeting of focus areas with dire gaps for service provision in SRH and GBV. Implementation took the advantage of participation of local people and target beneficiaries to advise on strategies that work to adopt for the delivery of programme components. Beneficiaries from different locations of the project had been requested to provide information on the client beneficiary satisfaction forms to help guide any form of strategy or approach re-definition. Community mobilization, age and culturally sensitive and participatory approaches had been the main strategies to mobilize participation in implementation and monitoring of project. This CERF project implementation and monitoring included adult women, adolescent girls, boys, and men target beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

Target beneficiaries was shared information about where to report any grievances through implementing partners' feedback and complaints mechanisms. Beneficiaries have been informed of the avenues for complaints and feedback during preparatory project activities and community mobilization activities. Messages on non-payment for material assistance was delivered with the support of this project will be disseminated among communities in advance of distribution. Target beneficiaries has received the name and contact of focal persons to report to for each of the implementing organizations and they were also inform that the target beneficiaries timelines for action and receipt of feedback for complaints. Implementing partners also implemented t a tool for collecting beneficiary satisfaction feedback or similar instrument developed by UNFPA.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

?

UNFPA uses IASC-prescribed templates to record SEA complaints and the UNFPA PSEA focal point from the forum of PSEA task force has trained IPs in recording and handling SEA complaints. To effectively handle SEA complaints and ensure aspects of confidentiality, accessibility, UNFPA complaint handling is guided by the victim assistance protocol. UNFPA at the HQ level has established a hotline phone number and email which is accessible to selected trained investigators who follow up on the allegations with the victim directly or through the in-country established mechanisms. UNFPA in Somalia has a trained PSEA focal point who is an active member of the HCT taskforce.

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

During humanitarian crisis and particularly the widespread of droughts, women and girls are become more vulnerable and lack of proper SRH services during a woman's pregnancy can have a negative impact on the health outcomes of both the mother and the unborn child. This current CERF project implementation has improved access of vulnerable women and girls to adequate SRH services including referrals for complicated pregnancies which has addressed the pressing needs of the drought-affected population in the targeted location. The project has also improved access to confidential and compassionate clinical management of rape services integrated in the EmoNC facilities to the sexual assault survivors to prevent and manage the life-threatening consequences of the assault.

e. People with disabilities (PwD):

The principle of inclusion and non-exclusion has been at the centre and front in the implementation of this project of CERF. Women and girls living with disabilities (PwD) including target beneficiaries were actively sought for and the Implementing partners have demonstrated expertise on understanding and applying the principle of inclusion. During the lifetime of this project women and girls living with disabilities were identified and were part of the beneficiaries and the implementing partners undertook measures that ensured the participation, of the PwD and overcome barriers that impede PwD access to SRH services as no one should be left behind.

f. Protection:

The project has prioritised in implementation by utilizing the do-no-harm approach and the patient/client-centered approaches. We have also considered the safety and security of all beneficiaries and informed, as well as ensured that implementing partners have understood and had applied the principles of non-discrimination, safety, respect, and confidentiality.

UNFPA has also ensured that vulnerable women and girls have been treated with dignity and given the choice to decide among the available sexual and reproductive services with their full consent. Transportation / referrals were made available 24/7 to pregnant and lactating women to access services during day and night to avoid any delays or fear of any existing threats.

g. Education:

This project didn't have any specific activities with education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Safe birth delivery and new-born care	https://twitter.com/sama_somalia/status/1559856100861792258?s=21,
[Insert]	[Insert]
[Insert]	[Insert]

3.4 Project Report 21-RR-HCR-030

1. Project Information

Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Protection	CERF project code:	21-RR-HCR-030
Project title:	Protection Monitoring activities for effective response management		
Start date:	01/11/2021	End date:	30/04/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 3,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 500,018
	Amount received from CERF:	US\$ 500,000
	Total CERF funds sub-granted to implementing partners:	US\$ 469,484
	Government Partners	US\$ 0
	International NGOs	US\$ 469,484
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through CERF grant to implement "Protection Monitoring activities for effective response management" in Somalia, UNHCR and its partner Norwegian Refugee Council (NRC) implemented project activities to ensure safe, dignified, equitable and meaningful access to humanitarian assistance, resources, and essential services in communities to prevent and respond to the effects of drought.

The project conducted 562 interviews and focus group discussions as a part of protection monitoring to identify protection concerns and trends in communities affected by the drought in 16 priority districts; reached 32,500 individuals through awareness-raising and/or messaging on available services, referral pathways, and eviction prevention; and in collaboration with local authorities and partners 2,500 individuals with specific needs were registered and supported with assistive devices in South West State and Galmudug.

Furthermore, to provide emergency protection support to the drought affected displaced persons, 2,348 vulnerable individuals were provided with cash assistance and 1,000 (800 females) benefited from referral pathways and supported with access to information and emergency protection assistance, which included support to gender-based violence (GBV) survivors.

3. Changes and Amendments

-

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,047	3,853	4,148	4,047	16,095	4,960	3,770	4,150	3,900	16,780
Host communities	3,950	3,850	4,155	3,950	15,905	5,320	2,550	4,150	3,200	15,220
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,997	7,703	8,303	7,997	32,000	10,280	6,320	8,300	7,100	32,000
People with disabilities (PwD) out of the total										
	1,145	1,100	1,150	1,105	4,500	981	1,519	600	950	4,050

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Various channels of dissemination of the information materials are planned, making it difficult to estimate the potential reach in terms of number of people reached. UNHCR however estimates that approximately 5,000 indirect beneficiaries may be reached.

6. CERF Results Framework

Project objective	Ensure safe, dignified, equitable and meaningful access to humanitarian assistance, resources, and essential services in communities to prevent and respond to the effects of drought				
Output 1	Protection concerns and trends in communities affected by humanitarian shocks identified and reported to relevant partners				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# Project partnership agreements signed elaborating Protection monitoring reports and displacement flash reports to be produced and disseminated to humanitarian actors for response (1 report to be produced monthly and adhoc flash alerts as and when deemed necessary)	1	The project partnership agreement was signed, and it detailed the requirement of protection monitoring report and displacement flash alerts. In line with the agreement, UNHCR and partners were able to undertake protection monitoring activities which contributed to the identification and trend analysis of climate and conflict induced displacement in the priority areas covered by this funding. More than ten protection monitoring reports including flash alerts were produced and disseminated to humanitarian agencies implementing various protection activities. Flash reports were instrumental in providing timely information to inform preparedness to emerging displacement in the priority districts. Furthermore, these reports also ensured timely and safe identification of vulnerable groups including separated children and GBV survivors to access specialized services in line with existing referral pathways and standard operating procedures. In addition, UNHCR in collaboration with IOM and OCHA initiated bi-weekly situational reports on drought related displacements. The reports were greatly appreciated by humanitarian agencies and donors	Project partnership agreement Flash alerts and reports disseminated.	

			as it showed displacement trends and humanitarian needs.	
Indicator 1.2	# of interviews and focus group discussions conducted with key informants by age, gender, diversity and community background (6 interviews per monitor per month); (approx..17 interviews conducted per week) (9 focus group discussions (FGD))	420	Protection Return Monitoring Network (PRMN) monitors, comprised of UNHCR and NRC staff, conducted a total of 430 (360 females) key informant interviews and 132 focus group discussions across the 16 priority districts during the project period. Females constituted 84% (360 females) of key informants. In order to minimize unintentional bias, the key informants were selected using two main criteria: random sampling and those that play an active role within the community. The FGDs were conducted as a part of community engagement activities. The increased outreach and community engagement enabled to conduct more KIIs and FGDs during the field visits.	Interviews KII and FGD forms/data.
Indicator 1.3	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (protection cases provided with information on services available/referral) (32,000 cases)	32,000	In order to address the challenges of limited information on the available services, referral pathways and eviction prevention, field monitors conducted awareness raising on a daily basis targeting the most IDP settlements receiving influxes of newly displaced IDPs in drought affected areas. Through awareness raising, the field monitors were able to reach 32,500 IDPs (72% of females). Messages on housing land property (HLP) to prevent eviction included importance of written tenure agreements, since many newly established IDPs settlements do not have reliable tenure agreements, risking many to the perils of forced evictions.	Photos, and key messages during sessions
Indicator 1.4	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (protection monitors trained on protection) (Two weekly sessions are tentatively planned to take place during weeks 5,9,12,17, and 21)	10	A total of 17 PRMN monitors received refresher sessions and coaching as parts of capacity building initiative. 10 paralegals and protection monitor in project locations participated in five virtual and in person training sessions- one on Sexual Exploitation and Abuse (PSEA) and four on integrated protection covering data collection techniques, GBV, and Child Protection. In addition, other forms of capacity building support included technical deep dive on the use of PRMN tools and a review of Somalia	Trained monitors participating in SPMS data collection

			Protection Monitoring Network (SPMS) data collection tools to generate information eligible for flash reporting and participation in sub-national protection cluster meetings. PRMN contributed 10 (2 female) trained protection-monitors from local partners to the Protection Cluster led SPMS.	
Indicator 1.5	# of Persons with Disabilities (PSD) identified, assisted and/or referred to specialised service providers	2000	In collaboration with local authorities at the district level, Ministry of Gender Human Rights and Women, partners, and other stakeholders, 2,500 individuals (981 females and 1,519 males) in need of various assistive devices were identified, referred, or assisted across South-West State and Galmudug regions. A total of 1,500 beneficiaries were supported in Galmudug (641 females and 859 males). In South-West State, 1,000 persons with specific needs (340 females and 660 males) received assistive devices. 7% of the 1,000 individuals in South-West State were children. Additional number of beneficiaries were identified due to the pressing and high needs observed at the field level.	Beneficiary list

Explanation of output and indicators variance: There are no major variances to draw explanation for.

Activities	Description	Implemented by
Activity 1.1	Revise the partnership implementation agreements with partner; 1 Partnership agreement signed with NRC stipulating the implementation of 6 protection monitoring reports.	UNHCR and Norwegian Refugee Council (NRC)
Activity 1.2	Monitor key protection concerns in areas targeted through 420 interviews (6 interviews per monitor per month) and 9 focus group discussions with community members)	UNHCR/ NRC/PRMN monitors
Activity 1.3	Provide information on/referral to relevant services namely medical, legal, material, and psychosocial assistance to 32,000 people requiring urgent live-saving support	PRMN partners/monitors
Activity 1.4	Undertake 10 refresher Protection trainings targeting 102 PRMN protection monitors. (JL & SW)	UNHCR/ NRC/PRMN partners
Activity 1.5	Identification and assistance/referral through assessment and analysis of 4,500 Persons with Disabilities (PSD)	UNHCR/ NRC/PRMN partners

Output 2 Emergency Protection support provided to known survivors

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# Protection cases reported through the PRMN network that require support to access basic services (approx. 41 cases reported per week)	1,000	During the project period, 1,211 protection cases (36% Females) were reported through the PRMN network. Majority of the cases were on physical assault (27%), killing/manslaughter (27%), threat to life (10%), domestic violence (7%), attempted rape (7%), illegal arrest and detention (7%) FGM (5%), torture (3%), harassment (1%), and others.	PRMN data
Indicator 2.2	# Persons receiving emergency protection assistance to access basic services	2000	During the project period, a total of 2,348 (2,123 Females) beneficiaries across the targeted locations were provided with cash assistance – the majority to cover costs related to transportation, medical bills, use for protection emergency needs, aid their access to basic services such as legal, psychosocial, and medical services. Majority of the assistance was to the most vulnerable households. Domestic violence, physical assault, rape and attempted rape, Female Genital Mutilation, and child abandonment, were the most prevalent violations reported. As a standard procedure, follow-ups were carried out by project focal points, protection monitors, and PRMN partners.	Beneficiary list
Indicator 2.3	PP.1b Number of people benefitting from referral pathways	1000	As a part of the expanding protection monitoring and enhance referral systems, 1,000 (800 Females) benefited from referral pathways and supported with access to information and emergency protection assistance across project location. Tapping into PRMN's wider coverage in South-West State and Jubaland, the cases were also	Beneficiary list

			referred to GBV actors for support.	
Explanation of output and indicators variance:		The over achievement in persons receiving cash assistance is because the assistance was expanded to reach beneficiaries in new areas (South Central) to respond to urgent needs on the ground with UNHCR mobilizing its own fund to cover the additional beneficiaries.		
Activities	Description	Implemented by		
Activity 2.1	Identification of 1,000 cases through the trained network 32 local NGO partners consisting of 96 monitors and 6 independent monitors	UNHCR and NRC		
Activity 2.2	Provision of \$ 50 emergency protection cash support targeting 2000 identified survivors as and when they are identified to aid their access to basic services	UNHCR and NRC		
Activity 2.3	Advocate within the pool of service providers for secondary/tertiary service, including legal, medical, psychosocial, and material support targeting the 1,000 survivors identified	UNHCR and NRC		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

During the project inception sessions, different communities including vulnerable people from minority clan groups, people with disabilities (PwD), and different government institutions including line ministries, and municipalities, were invited to participate and contribute to project design and implementation. The local communities were involved at field level project implementation actions throughout the project. The PRMN focal points leveraged congenial working relation with local authorities, government agencies, and other officials who were key stakeholders during the project delivery. With regards to protection monitoring activities and given the sensitive and confidential information collected by the monitors, involvement of the communities was strictly limited to information sharing on prevention and response to gender-based violence.

b. AAP Feedback and Complaint Mechanisms:

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

As a part of UNHCR's commitment to ensure that communities are meaningfully and continuously engaged in decisions that directly impact their lives (in line with Accountability to Affected Population approach and UNHCR Policy on Age, Gender, and Diversity), UNHCR and NRC shared the toll-free line 308, 306 and +252616002255 to receive complaints and feedback from the community. Moreover, during the project inception and community engagements at various phases of the project cycle, the communities were informed and encouraged to use available communication channels including confidential emails systems, hotlines, and complaints boxes. Local project monitors, UNHCR, and NRC protection staff were also available to receive complaints or provide feedback at the field as well as country level.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

As first step, project staff, monitors, and collaborating stakeholders received training, exchanged information, and were made to sign the code of conduct on Sexual Exploitation and Abuse (SEA). It is worthwhile to note that UNHCR and NRC has established well-functioning internal complaints procedures to facilitate staff and persons of concern to report incidents of Sexual Exploitation and Abuse (SEA). Moreover, the PRMN monitors, and partners were also trained and informed on mandatory reporting practices, responsibility to report incidents of Sexual Exploitation and Abuse and were routinely reminded of their personal accountability both in and outside the office. During information sessions and KII, PSEA key messages were integrated. Example of message included i) All aid is free. No sexual or other favour can be requested in exchange of assistance and ii) Beneficiaries were urged to report any unacceptable behaviour to any NGO or UN staff (or through email or hotline numbers).

Feedback and Complaint Mechanisms, including complaint boxes were placed in strategic locations especially in areas commonly visited by persons of concern such as distribution sites, community centres, and reception/ counselling areas. Names and responsibilities of the PSEA focal points and back-up arrangements were regularly updated and shared with all staff with the encouragement to raise concerns relating to misconduct.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

58% of the total beneficiaries were female. Protection of women, girls as well as minorities remained a priority area of focus during the project implementation. Vulnerable persons of concerns and those at risks of abuse, violence, and exploitation were safely identified through PRMN network and timely followed up and referred to specialized service providers to address their individual protect needs. PRMN reports were reviewed to identify specific protection risks early to enable UNHCR and NRC address protection challenges affecting women and girls.

e. People with disabilities (PwD):

The project design and implementation had a component focusing on identifying Persons with Disabilities (PwD) for inclusion – mainly by identifying their needs and referring them to immediate support and assistance. 4,050 (39% Females) PwD were identified during the project. Their needs were analysed, and immediate referral services were provided, including access to medical treatment. UNHCR and PRMN partners conducted community sessions about rights of PwD, to promote their social integration, acceptance within the community, and reduce stigma. The monitors and PRMN also referred persons with disability to benefit from emergency protection cash assistance following those who meet the eligibility criteria. During community engagement, community leaders and community focal point collaborated to identify PwD.

f. Protection:

The project consulted communities and do no harm principles were upheld throughout the implementation of the project. Engagement with community structures to enhance the protection of women and girls, while ensuring that Age Gender Diversity (AGD) principles of programming, was mainstreamed. The interviews and access to services considered all age-groups, and genders with their diversities. Apart from the AGD guiding principles, community-based approaches ensuring grass root partnerships and cooperation aided identification of specific protection risks for early response.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,348

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The majority of the CVA was used to cover costs related to transportation, medical bills, use for protection emergency needs, aid their access to basic services such as legal, psychosocial and medical services. The assistance was provided to the most vulnerable households- for example GBV survivors, survivors of Female Genital Mutilation, and abandoned child.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Indicator 2.2: # persons receiving emergency protection assistance to access basic services	2,348	US\$ 177,250	Protection	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
PRMN Online Displacement Dashboard	https://bit.ly/3J5bzQr
Monthly Displacement Dashboards	https://data2.unhcr.org/en/documents/details/89574
Flash Reports 1-11;	Email dissemination through UNHCR lead clusters

3.5 Project Report 21-RR-CEF-054

1. Project Information

Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	21-RR-CEF-054
Project title:	Emergency WASH Response to drought-affected communities in Jubaland and Southwest State of Central South Somalia		
Start date:	01/12/2021	End date:	31/05/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 33,000,000
GUIDANCE: Figure prepopulated from application document.	
Total funding received for agency's sector response to current emergency:	US\$ 16,372,716
GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
Amount received from CERF:	US\$ 1,750,000
Total CERF funds sub-granted to implementing partners:	US\$ 710,076.90
Government Partners	US\$ 254,991.90
International NGOs	US\$ 0
National NGOs	US\$ 455,085
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

UNICEF WASH: Overall, with the funding from CERF, UNICEF and partners reached 142,500 (102%), drought-affected people, with emergency WASH in the targeted project locations against the agreed target of 140,000 people. Hence, the project has fully achieved all the planned targets during the project period from 01 January 2021 until 31 May 2022.

The CERF support has greatly supported access to safe water supply through emergency water trucking, water voucher, upgrading of 11 existing shallow wells with solar systems, rehabilitation of 35 existing shallow wells, and provision of water treatment products in Bay Dhaba, Ceel Barde, Wajid, Baraawe, Marka, Doolow and Badhaadhe districts of Juba land and the Southwest States. Similarly, 60,274 (100%) people living the drought-affected areas got reached with essential hygiene kits distribution and promotion activities. Furthermore, the CERF funding helped UNICEF and its partners successfully construct 250 shared emergency latrines fitted with lighting solutions outside and inside. Also, 15 latrines got built to support easier accessibility and user-friendliness to persons with disabilities and benefit 7,280(97%) people in the Baidoa district Bakool region of Southwest State.

3. Changes and Amendments

-

There have not been any significant amendments and modifications are observed during the WASH program implementation throughout the project period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	16,800	14,400	24,800	24,000	80,000	17,601	15,533	24,970	25,971	84,075
Host communities	12,600	10,800	18,600	18,000	60,000	12,231	10,794	17,352	18,047	58,425
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	29,400	25,200	43,400	42,000	140,000	29,832	26,327	42,322	44,018	142,500
People with disabilities (PwD) out of the total										
	1,470	1,260	2,170	2,100	7,000	1,492	1,316	2,116	2,201	7,125

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF-supported WASH intervention has helped to reach indirect beneficiaries far beyond the targeted project locations due to the prevailing drought crisis. As a result, over 25,000 beneficiaries benefited from increased access and availability of water supply through upgrading, maintenance, and operation of existing water sources from the project locations

6. CERF Results Framework

Project objective	140,000 drought-affected populations receive life-saving WASH services in Southwest State and Jubaland States in Central South Somalia			
Output 1	115,000 drought-affected people reached with emergency water supply through water trucking or vouchers and household water treatment.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing enough safe water as per agreed sector/cluster coordination standards and norms (emergency)	115,000	142,500	Monthly Water trucking reports, Quarterly partners reports
Indicator 1.2	WS.8b Number of people who have received water treatment supplies and can demonstrate appropriate utilisation	60,000	60,274	Monthly and Quarterly monitoring reports
Explanation of output and indicators variance:		The achievement is mainly due to a considerable effort and commitment to complement the cholera prevention interventions and the initiation of a timely response to mitigating cholera across the targeted project locations.		
Activities	Description	Implemented by		
Activity 1.1	Emergency water supply through water trucking	Ministry of Energy and Water Resources (MoEWR) at Federal, Jubaland and Southwest States (SWS), Golweyne Relief and Rehabilitation NGO (GRRN), New Ways Organisation (NWO), Somali Humanitarian Relief Action (SHRA)		
Activity 1.2	Distribution of water treatment chemicals for safe drinking water	Jubaland and SWS MoEWR, GRRN, NWO, SHRA		
Activity 1.3	Rehabilitation and upgrade of 10 existing shallow wells with solar systems	11 shallow wells are rehabilitated, these are 5-wells in El Barde district, Bakool region, 6-wells in Baidoa, Barawe, districts of Southwest State by GRRN		
Activity 1.4	Repair and installation of hand pumps on 35 existing wells	35 water supply systems are successfully repaired in Baidoa district by the SWS MoEWR.		
Output 2	60,000 drought-affected people reached with hygiene kits and hygiene promotion activities			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.11 Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials (115,000The standard indicator combines both hygiene kit distribution and hygiene promotion whereas the UNICEF targets for each activity are different. We have used the highest target of the two)	115,000	142,500	Monthly and Quarterly Partners reports, Field Monitoring Reports
Explanation of output and indicators variance:		The achievement is due to mainly colossal effort and commitment to scaling up to complement the cholera response interventions and the initiation of timely response to mitigating cholera across the project locations		
Activities	Description	Implemented by		
Activity 2.1	Procurement and distribution of emergency WASH hygiene kits	Jubaland and SWS MoEWR, GRRN, NWO, SHRA		
Activity 2.2	Hygiene promotion targeting hand washing with soap and use of latrines	Jubaland and SWS MoEWR, GRRN, NWO, SHRA		

Output 3 7,500 drought-affected people supported with emergency shared family latrines

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	7,500	7,280	Monthly and Quarterly Partners report, Field Monitoring Reports
Indicator 3.2	WS.1 Number of latrines constructed that are fitted with lighting solutions outside and inside	250	250	Golweyne Relief and Rehabilitation NGO, (GRRN)
Indicator 3.3	WS.2 Number of latrines constructed that are accessible to persons with disabilities	15	15	Golweyne Relief and Rehabilitation NGO, (GRRN)
Indicator 3.4	WS.3 Number latrines structures constructed that offer privacy for women and girls	100	85	Golweyne Relief and Rehabilitation NGO, (GRRN)
Explanation of output and indicators variance:		There is no significant discrepancy exists between the planned target and achieved outputs. The total number of latrines was constructed to the required standards. However, due to the cultural context, there is small proportion of latrines are not always being used by women and adolescent girls due to siting near places frequented by more men than women during most of the day (near mosques, roads...etc), hence, the lower figured reported.		

Activities	Description	Implemented by
Activity 3.1	Construction of emergency shared family latrines to drought-affected population	Golweyne Relief and Rehabilitation NGO (GRRN)
Activity 3.2	Construction of shared family latrines with adequate lighting inside and outside	Golweyne Relief and Rehabilitation NGO (GRRN)
Activity 3.3	Construction of shared family latrines with appropriate access and support for people with disabilities	Golweyne Relief and Rehabilitation NGO (GRRN)
Activity 3.4	Construction of gender-segregated shared family latrines in IDP settlements	Golweyne Relief and Rehabilitation NGO (GRRN)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

As part of an effective program participatory management strategy, there was an emphasis on enhancing the transparency and accountability elements throughout the project cycle. Thorough discussions on the WASH project plan and activities got done with the local authorities during the planning stages. The beneficiaries also provided their views and concerns with the proposed WASH activity intervention plan, mainly while targeting hygiene kits distribution and selecting sites or spaces for communal latrine construction. Similarly, WASH Cluster encourages Accountability to Affected Populations (AAP) feedback through monitoring and evaluation processes which are in place. UNICEF engaged with partners to ensure that the affected communities got involved at all stages of the program cycles, including assessment, registration, verification, distribution, and post-distribution monitoring exercises. Disadvantaged populations benefitted after information gathered through the WASH Cluster, implementing partner organizations, and local leaders got used to serving their needs.

b. AAP Feedback and Complaint Mechanisms:

In implementing activities such as water trucking and hygiene promotion sessions, the beneficiaries got given due attention to their views and concerns on the WASH program implementation. It was through community-based hygiene promoters and local community authorities which play as a bridge between the community and the implementing partners for their feedback and possible complaints on the intervention.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

For WASH implementing partners, training and information sharing on the Prevention of Sexual Exploitation and Abuse (PSEA) get done for all. In addition, the requirement is that all partners sign off the UNICEF PSEA commitment, which clearly outlines what is meant by PSEA and the consequences of failure to comply with the PSEA protocols, that is, UNICEF's zero-tolerance policy on PSEA. In line with this, and during this project implementation, no reports got received on SEA-related offences.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Gender issues were one of the key strategies and elements of the WASH intervention. In this regard, latrines structures got constructed to offer privacy and protection for women and girls. Overall, the WASH program ensures that the WASH beneficiaries get targeted, tracked, and reported based on the actual beneficiaries, reached without affecting the existing gender segregation in the target community through properly tracking women, men, girls and boys

e. People with disabilities (PwD):

The project has duly and critically mainstreamed People with disabilities. It strategically planned the WASH intervention, ensured that the water facilities and latrines got considered, and provided accessibility to persons with disabilities.

f. Protection:

The WASH program well-articulated and mainstreamed gender and protection issues while implementing WASH activities as it has already been operationally defined and indicated in its project log frame. Accordingly, women and girls were actively engaged, consulted, and participated in site selection for water sources and latrine construction. It was mainly to identify the location for placing sustainable water sources. Furthermore, the broader community from the targeted project locations have been actively participated and consulted in the entire project planning and implementation process.

g. Education:

The fund has dramatically benefited the WASH in school programmes located in emergency-affected locations by increasing access to safe water supply and distributing Menstrual hygiene management (MHM) hygiene kits for girls, including schoolgirls from the drought-affected areas.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	20,000

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The Cash Voucher System (CVS) has also been one of the strategically applied approaches in WASH program intervention. Twenty thousand (20,000) people got reached through safe, sufficient water using the emergency water voucher provision. In this regard, the WASH program has used in-kind water vouchers with a volume of water allocated for the household for the duration of water trucking during the entire program period. However, there exists an approach to using the in-kind distribution of hygiene kits. However, with this program, cash transfer is not a viable option for the planned hygiene kits distribution. Hence, the cash transfer system is not feasible when doing hygiene kits as there are limited market outlets in the target locations.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Water supply through water trucking vouchers	20,000	US\$ 86.000	Water, Sanitation and Hygiene	Restricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Baidoa IDP camp video	https://twitter.com/unicefsomalia/status/1543546013755088897
Response in Dollow	https://twitter.com/unicefsomalia/status/1523543451190849536
Emergency Water Trucking, Marka	https://twitter.com/unicefsomalia/status/1503279996302987265
Overall Drought Response	https://twitter.com/unicefsomalia/status/1496455249867030541 https://twitter.com/unicefsomalia/status/1484134035395956740 https://twitter.com/unicefsomalia/status/1483937476532215808 https://www.instagram.com/p/CdU5KKyO-De/ https://www.instagram.com/p/CY83y5kMeUJ/

3.6 Project Report 21-RR-WFP-038

1. Project Information

Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	21-RR-WFP-038
Project title:	WFP Relief Response to Drought Affected Population		
Start date:	01/12/2021	End date:	31/05/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 13,843,113
	Total funding received for agency's sector response to current emergency:	US\$ 135,983,914
	Amount received from CERF:	US\$ 1,250,000
	Total CERF funds sub-granted to implementing partners:	US\$ 9,861
	Government Partners	US\$ 0
	International NGOs	US\$ 9,861
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through CERF funds, WFP provided food assistance to 93,990 vulnerable people adversely affected by drought, and internally displaced communities in 12 districts within Lower Juba, Gedo, Bay and Bakool regions for one month of assistance. A total of 15,665 HHs received cash transfers through e-vouchers in the month of December 2021, which they used to purchase essential food commodities like cereals, pulses, vegetables, fruits, sugar, vegetable oil to bridge food consumption gaps resulting from drought shocks. WFP engaged five cooperating partners (CP's) to facilitate delivery of food assistance. In addition, CP's conducted community consultation meetings, beneficiaries' registration through SCOPE, transfers, monitoring, and reporting activities

3. Changes and Amendments

No deviations or changes made to the original proposal

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,158	4,158	1,782	1,782	11,880	4,606	4,605	1,974	1,974	13,159
Host communities	27,762	27,762	10,098	10,098	75,720	29,908	29,907	10,508	10,508	80,831
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	31,920	31,920	11,880	11,880	87,600	34,514	34,512	12,482	12,482	93,990
People with disabilities (PwD) out of the total										
	3,040	3,040	1,340	1,340	8,760	3,262	3,261	1,438	1,438	9,399

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 200,000 people participated in community meetings (sensitization forums) conducted by Cooperating Partners (CPs) with social behavioural change communication (SBCC) approaches. Through these meetings, beneficiaries were made more aware of the importance of dietary diversification, meal planning as well as budgeting and protection issues. In addition, through CERF funds, 300 food retailers with contractual agreements with WFP across the 12 districts were able to supply essential food commodities to registered households.

6. CERF Results Framework

-

Project objective	Provide food security support to the most vulnerable and drought affected households to address food consumption gaps.			
Output 1	Provision of unconditional food assistance to 87,600 beneficiaries (14,600 HHs) food insecure people.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.4a Number of people benefitting from unconditional vouchers (E-vouchers) 87,600 beneficiaries (14,600 HHs) Week 4: 87,600 beneficiaries	87,600	93,990	Cash-based transfer (CBT) reports-Dec 2021
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD (E-vouchers) Week 4: \$ 857,910	857,910	830,500	CBT transfer reports-Dec 2021
Indicator 1.3	Number of project sites monitored 12 active project sites monitored for the month Final: 12 sites monitored Week 4 DEC	12	12	PDM reports
Explanation of output and indicators variance:		Changes in transfer value due to changes in the cash/voucher Minimum Expenditure Budget (MEB) in some regions enabled WFP to assist more people than planned. For indicator 1.2, the target value incorporated the cost of SCOPE cards and ribbons (USD 27,410), while the achieved value excluded this amount.		
Activities	Description	Implemented by		
Activity 1.1	Biometric registration and enrolment conducted by capturing beneficiary photos and fingerprints and uploading the information onto SCOPE platform and issuance of E-voucher cards. Locations, targeted number of households and duration for this activity is as follows. Baidoa (2,500 HHs), Wajid (1,500 HHs),	Cooperating Partners: GRDO, SEA, RAAS, WVI and ASIP A total of 15,665 HHs were successfully registered into Scope platform and cleared after deduplication analysis to receive assistance as follows: Baidoa (4,985 HHs), Wajid (80 HHs), Elbardhe (801 HHs), Rabdure(499 HHs),		

	Elbardhe (800HHs), Rabdure (500 HHs), Burdhubo, (800 HHs), Luuq (1,200 HHs), Dolow (800 HHs), Belethawa (800HHs) and Elwak (1,000 HHs), Kismayo (1,500HHs), Afmadow (2,2000 HHs) and Badhadhe (1,000 HHs) for 1 month.	Bardere (800 HHs), Kismayo (1,500 HHs), Badhaade (1,000 HHs), Afmadow (2,200 HHs), Luuq (1,186 HHs), Dollow (814 HHs), Belethawa (800 HHs) and Elwaq (1,000 HHs)
Activity 1.2	Beneficiary transfers and redemptions facilitated through WFP SCOPE platform. Project location, targeted number of households and duration for this rapid respond activity is as follows. Baidoa (2,500 HHs), Wajid (1,500 HHs), Elbardhe (800HHs), Rabdure (500 HHs), Burdhubo, (800 HHs), Luuq (1,200 HHs), Dolow (800 HHs), Belethawa (800HHs) and Elwak (1,000 HHs), Kismayo (1,500 HHs), Afmadow (2,200 HHs) and Badhadhe (1,000 HHs) for 1 month. Bay region (USD 100,000), Gedo region (USD 276,000), Bakool region (USD 196,000), lower Juba region (USD 258,000) and USD for 27,410 USD for SCOPE and print ribbons.	Cooperating Partners: (GRDO, SEA, RAAS, WVI and ASIP) WFP worked with CPs to facilitate a one-month cash transfer and redemption for 15,665 HHs as follows: Baidoa (4,985 HHs), Wajid (80 HHs), Elbardhe (801 HHs), Rabdure(499 HHs), Bardere (800 HHs), Kismayo (1,500 HHs), Badhaade (1,000 HHs), Afmadow (2,200 HHs), Luuq (1,186 HHs), Dollow (814 HHs), Belethawa (800 HH) and Elwaq (1,000 HHs)
Activity 1.3	Beneficiaries purchase food commodities of their choice from retailers after biometrically authenticating their SCOPE cards. Locations, targeted number of households and duration for this activity is as follows. Baidoa (2,500 HHs), Wajid (1,500 HHs), Elbardhe (800HHs), Rabdure (500 HHs), Burdhubo, (800 HHs), Luuq (1,200 HHs), Dolow (800 HHs), Belethawa (800HHs) and Elwak (1,000 HHs), Kismayo (1500HHs), Afmadow (2,200 HHs) and Badhadhe (1,000 HHs) for 1 month. Thereafter, 12 active project sites will be monitored for the in-Week 4 DEC 2021.	Beneficiaries used e-vouchers to purchase essential food commodities from retailers after biometrically authenticating their SCOPE cards. Monitoring was done across the 12 sites to ensure if the targeted households received their entitlements to purchase food commodities

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

WFP worked closely with partners for stronger collective outcomes on protection and accountability to affected populations (AAP). Process monitoring was conducted in all phases of activity implementation as a control for adherence to project requirements, prevention of

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

potential diversion of resources, safety risks and ensuring beneficiaries' satisfaction. Results from corporate indicators on safe and dignified access to assistance show that nearly all WFP beneficiaries received assistance without any protection challenges.

b. AAP Feedback and Complaint Mechanisms:

WFP used its complaint and feedback mechanism (CFM) platform, which tracks complaints, resolution time, and feedback to the complainant. This through CFM process makes use of a WFP hotline and complaints are registered, redress recorded, reported and feedback provided to the complainants that the issue has been resolved. WFP's CPs supported in monitoring, addressing any protection incidents or concerns and referral requirements/guidelines of WFP.

During the implementation period (Dec 1st – 31st, 2021), WFP recorded over 1,110 cases, accounting for both feedbacks received through the hotline (95 percent) and issues identified through field monitoring (5 percent). Cases are categorized into four risk levels: high, medium, low and residual. Based on those risk levels, standard operating procedures define the process flow and levels of responsibilities for case handling and closure within the organization. Among the 1,110 cases, 94 percent were categorized as "residual risk", as they relate to beneficiaries' queries regarding project implementation processes and cash entitlements, while 69 cases (6 percent) were reported as complaints from call centre and field issues and went through follow up procedures.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

During the implementation period no reports of alleged SEA were received in different platforms established by WFP, namely: anonymous letters, incident reports, emails, the call centre and regular monitoring. WFP has provided in-depth training on gender-based violence and prevention of sexual exploitation and abuse for its call centre operators, all contracts with service providers include relevant PSEA clauses. Beneficiaries were sensitized on their rights during targeting and top up period to ensure that they are protected.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP employed gender sensitive beneficiary targeting in all its projects and prioritized women headed households. Community consultations were carried out with men and women separately as a key step in planning activities and to ensure that women's voices are heard in the design and delivery of assistance.

e. People with disabilities (PwD):

One of the SOPs employed by WFP during targeting was priority to be accorded to persons living with disabilities (PLWD). CPs conducted sensitization on the importance of inclusivity to ensure PLWD are not left out during targeting. Other mechanisms employed included ensuring registration and top-ups was serving them first to ensure health conditions of men, women and children with disabilities is not compromised.

f. Protection:

The use of CBT and SCOPE cards allowed people to access their entitlement at locations most convenient to them. WFP used its robust CFM process to ensure that any beneficiary could report issues affecting them for timely assistance. WFP consulted communities and engaged them during targeting and selection of beneficiaries to minimize exclusion and strengthen accountability

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	93,990

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project transfers were delivered through WFP's digital transfer management system (SCOPE). Under this CERF allocation, beneficiaries receive cash-based transfers through e-vouchers following the process below.

-Mobilisation and sensitisation: this were facilitated by WFP's Cooperating Partners, and beneficiaries were informed about their entitlements and dietary needs.

-Distribution and redemption: Through the SCOPE platform, cash transfers were made to beneficiary SCOPE cards and beneficiaries were informed of their entitlement. This information was disseminated through Cooperating Partners and by SMS and voice messages to beneficiary phone numbers collected during biometric registration



-Beneficiaries redeemed their entitlements at WFP's contracted retailers where they can buy food commodities of their choice.

WFP worked closely with the Government of Somalia and other partners to map out areas where the national safety net, and other relief interventions were being implemented to ensure there was no duplication of assistance

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Unconditional Cash Transfers	93,990	US\$ 830,500	Food Security - Food Assistance	Restricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Somalia Humanitarian Fund allocates US\$20 million for drought emergency	Somalia Humanitarian Fund allocates US\$20 million for drought emergency - Somalia ReliefWeb
All the WFP Somalia Country Briefs (monthly, June 2022 example provided)	WFP Somalia Country Brief, June 2022 - Somalia ReliefWeb
WFP Somalia Twitter	(1) WFP Somalia on Twitter: "In #Somalia, @WFP_UNHAS   reaches over 31 field and deep-field locations across the country, providing the much needed air support to humanitarian actors. Thank you CADEUS for the support!"

[@GermanyDiplo](#) [@CanadaDev](#) [@UNCERF](#) [@shf_somalia](#) [@USAIDSomalia](#)
[@USAIDSavesLives](#) <https://t.co/agt7TrcRie> / Twitter

WFP Africa Twitter	(1) WFP Africa on Twitter: "In #Somalia @WFP UNHAS reaches over 31 field and deep-field locations across the country, providing much needed air support for humanitarian actors. 🙏 @GermanyDiplo @CanadaDev @UNCERF @shf_somalia @USAIDSomalia @USAIDSavesLives https://t.co/R8CIVZEMQe / Twitter"
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3.7 Project Report 21-RR-WHO-038

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-038
Project title:	Rapid response to and mitigation of public health risks in drought-affected districts of Jubaland state (Afmadow and Kismayo, Dobley, Baardheere, Luuq, Dolow) and Southwest State (Baidoa, Marka, Hudur, Barawe, Afgoi and Wajid)		
Start date:	08/12/2021	End date:	07/06/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 10,146,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0.00
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and its partners deployed 12 district based rapid response teams, deployed 240 community health workers who reported 769 health alerts from the communities. The project provided medical supplies to 60 health facilities including cholera treatment units. The project helped build capacity of 60 frontline health workers on the integrated management of infectious diseases and the same 60 were oriented through training sessions on implementation of water, sanitation and hygienic interventions including medical waste management. During the duration of the project, WHO and the partners conducted 53 joint supervision visits to state based rapid response teams, assessed 60 health facilities to identify gaps in the implementation of WASH activities. The project helped to vaccinate 44,930 under-five children against measles.

This project also enabled WHO to replenish 35 cholera kits, 30 kits for the management of severe cases of malnutrition with complications and laboratory kits for measles and cholera testing. These medical supplies were shipped to health facilities with funding from this grant. The kits procured were adequate for the treatment of an estimated 3500 cholera cases. The distribution plan was developed by MOH which enabled effective delivery of medical supplies to final destinations.

The funding was also used to provide primary health care services to 169,520 people (including 93,236 internally displaced persons (IDPs), 22,050 women and 13,562 people with disabilities) in 12 drought-affected districts. The primary health care services provided included outpatient consultations, home based management of diarrhoea using Oral Rehydration Solutions, vaccination services, screening and referral of cases of malnutrition, case management for cholera, diarrhoea and community education to create demand for health services among drought affected communities.

Community health workers (CHWs) reported 1901 health alerts using open-source data kits (ODK) out of which after verification 769 were investigated by district based rapid response teams within 48 hours of notification. Stool samples were collected from the suspected cholera cases while blood samples collected from the suspected cases of measles by the 50 laboratory technicians trained under this project. These samples were analysed in state-based laboratories in Mogadishu and Garowe. Timely reporting and investigation of alerts within the stipulated 48-hour timelines greatly contributed to the reduction in morbidity and mortalities in drought-affected district

3. Changes and Amendments

-

The project was implemented as earlier planned with no changes in the planned activities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	20,748	27,504	16,976	22,503	87,731	22,050	29,230	18,041	23,915	93,236
Host communities	16,976	22,503	13,889	18,412	71,780	18,041	23,915	14,761	19,567	76,284
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	37,724	50,007	30,865	40,915	159,511	40,091	53,145	32,802	43,482	169,520
People with disabilities (PwD) out of the total										
	3,018	4,001	2,469	3,273	12,761	3,207	4,252	2624	3479	13,562

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Indirectly the project has reached 344,579 people in the 12 target districts through mass health education campaigns which focused on the prevention of communicable diseases such as acute watery diarrhoea, cholera and measles, as well as malnutrition and other critical health issues in targeted district. These activities were carried out by community health workers (CHWs), outreach teams and district based rapid response teams (RRTs).

6. CERF Results Framework

Project objective	To support the timely detection and response to alerts of epidemic-prone diseases and other public health risks within 48 hours of notification and contribute to reduction in morbidity and mortality attributed to epidemic-prone diseases			
Output 1	Coordination, leadership and operational support for response to epidemic- prone diseases strengthened in targeted districts			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of districts-based Rapid Response Teams (RRTs) trained and deployed to investigate and validate alerts of epidemic prone diseases (12 districts)	12	12	Names, location, and contacts of 36 RRTs were recorded during the training.
Indicator 1.2	Number of health facilities and cholera treatment facilities supported with medical supplies and airtime to respond to epidemic-prone diseases and improve timely reporting of outbreak alerts. 55 health facilities and 5 cholera treatment facilities supported	60	60	Distribution list for medical supplies to states and districts
Indicator 1.3	Number of community health workers (CHWs) deployed in IDP camps to conduct community-based surveillance for epidemic-prone diseases	240	240	Names, location, and contacts of CHWs deployed collected during the training.
Indicator 1.4	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours (200 alerts of epidemic prone diseases including measles and diarrhoea)	200	769 769	The laboratory data is collected and placed in the line-list spreadsheets by state ministry of health (MoH) and reported to the Federal ministry of Health (MoH).
Explanation of output and indicators variance:		Over-performance recorded under indicator 1.4: Due to the ongoing measles outbreak in the select communities, CHWs generated more than expected alerts (1,901) and RRTs were able to verify and investigate 769 of these 1,901		

		alerts within 24-hours thus contributing to the lower morbidity and mortality in the project districts.
Activities	Description	Implemented by
Activity 1.1	Provide refresher trainings to district based RRTs and deploy RRTs to conduct field investigation for alert and rumour verification	WHO helped state MoH and FMoH to conduct 12 training sessions where 36 RRTs were trained by giving them a hands-on training on verification, investigation, and confirming the alerts generated by CHWs from the target districts.
Activity 1.2	Support health facilities and cholera treatment centres with airtime, internet services and medical supplies to strengthen surveillance and epidemic response	Yes, to incentivise the rapid response teams (RRTs), one member from each RRT was given the support with data bundles to fill out the online reporting and submit the same to the Open Data Kits dashboard using the data bundles.
Activity 1.3	Deploy CHWs to conduct household visits, identify and report alerts and provide household members with preventive messages for epidemic-prone diseases	WHO supported 240 community health workers (CHWs) in twelve select districts, and they reached out to a total of 37,892 households (273,886 people) with risk communication messages on epidemic prone diseases, demand creation for immunisation and awareness on home-based care for children and mothers
Activity 1.4	Deploy district based RRTs to conduct investigation, collection, analysis and dissemination of epidemiological reports that will be used for public health decision making	Deployed district based RRTs who received 1066 alerts, verified them through field investigations and found 331 as true alerts.

Output 2 Capacity of health facilities strengthened to respond to epidemic prone diseases

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained on integrated management of epidemic prone diseases, including management of severe cases of malnutrition with medical complications)	60	60	Training reports were used to verify the refresher trainings
Indicator 2.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers trained in the implementation of WASH, medical waste management and infection, prevention and control (IPC) measures)	60	60	Training reports were used to verify the refresher trainings

Indicator 2.3	Number of health facilities assessed for availability of recommended WASH and medical waste management services	60	60	Assessment report was developed for health facilities.
Indicator 2.4	Number of integrated supportive supervision and monitoring visits conducted in targeted districts	24	53	Supervision reports were collected for joint supervisions and RRT supervisions.
Explanation of output and indicators variance:		Over-performance recorded under indicator 2.4: To help improve the quality of data collection and surveillance, WHO with state and federal MoHs conducted 53 supportive supervisions (5 joint supportive supervision by WHO and MoH, 48 supervisory visits by RRTs) across 12 districts during the reporting Period.		

Activities	Description	Implemented by
Activity 2.1	Provide refresher trainings for frontline health workers on standard protocols for the management of acute diarrhoea, cholera, measles, severe acute malnutrition, and other epidemic-prone diseases	WHO provided support to state and federal health ministries to conduct 12 training sessions (One in each district) engaging 60 front line health workers to train them on integrated management of epidemic prone diseases.
Activity 2.2	Provide refresher trainings for frontline health workers and environmental officers on WASH, medical waste management and IPC activities in health facilities	During the above-mentioned training session, special separate sessions were held to train the same group of 60 front line health workers on WASH, medical waste management and infection prevention control (IPC) activities in health facilities.
Activity 2.3	Conduct an assessment of the implementation of WASH and waste management activities conducted in targeted districts. The facilities that will be found to have poor performance will be support by WHO technical team and MOH to address the identified gaps	WHO in collaboration with the state and federal health ministries conducted the assessment of 60 health facilities in 12 target districts. The assessment revealed four major referral health facilities (hospitals) were underperforming in the areas of WASH and waste management. WHO conducted training for the health workers and conducted supportive supervision in those hospitals resulting in improvement of quality care. Provided.
Activity 2.4	Conduct joint supportive supervision and monitoring visits to health facilities and communities	WHO with state and federal ministries of health (MoHs) conducted 53 supportive supervisions (5 joint supportive supervision by WHO and MoH, 48 supervisory visits by RRTs) across 12 districts during the reporting Period.

Output 3 Capacities for laboratories to collect, package, transport and analyse biological samples for epidemic-prone diseases strengthened

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation ((virologists and bacteriologists who received short refresher training to support	50	50	Training report] that was compiled by the training teams and shared with MOH and partners.

	diagnosis and confirmation of disease alerts in the laboratory)			
Indicator 3.2	Number of samples of epidemic prone diseases (cholera, measles, and diarrhoea) collected and analysed in reference laboratories. 50 virologists, bacteriologists and other laboratory workers (25 females and 25 males)	200	769	The laboratory data is collected and placed in the line-list spreadsheets by state ministry of health (MoH) and reported to the Federal ministry of Health (MoH).
Indicator 3.3	Number of laboratories provided with reagents and kits for the diagnosis of epidemic- prone diseases	5	5	Procurement data and distribution plan was developed in collaboration with the state and federal ministries of health.
Explanation of output and indicators variance:		Over-performance recorded under indicator 3.2: The deployment of the rapid response teams (RRTs) coupled with prolonged drought spell resulted in surges of measles and cholera cases in the target districts.		
Activities	Description	Implemented by		
Activity 3.1	Provide refresher trainings to frontline health workers (virologists and bacteriologists) on the diagnosis of alerts generated from the communities and health facilities	WHO and MoH		
Activity 3.2	Deploy virologists, bacteriologists, and other laboratory staff in the field to collect samples from suspected cases of epidemic diseases, package them and ship them to state and national laboratories for testing	WHO and MoH		
Activity 3.3	Procure and replenish equipment, reagents, and kits for laboratories in drought- affected regions	WHO		

Output 4	Provision of primary health care services, including targeted vaccination campaigns and treatment of common diseases associated with drought and provision of medical supplies in targeted districts strengthened			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of emergency health kits, SAM and cholera kits delivered to health facilities (in tonnes)	5	5	Distribution plan
Indicator 4.2	H.4 Number of people vaccinated (children below 5 years vaccinated against measles and other childhood vaccines in targeted districts using mobile and outreach services)	9,000	44,930	Daily reporting through the field using open-source data kit (ODK).
Indicator 4.3	H.8 Number of primary healthcare consultations provided (people in targeted districts reached with primary health care services)	159,511	169,520	The data is collected by district health information system (DHIS2), EWARIN and transmitted to the

	159,511 people (90,922 male and 68,589 female)		federal ministry of health (MoH).
Explanation of output and indicators variance:		<p>Exceeding the target under indicator 4.2: Integrated outreach teams vaccinated 44,930 under-five children against measles and 25,931 zero dose children were identified and vaccinated with Penta 1 and 20,635 children received with Penta 3 while 37,123 children received IPV antigen, and 10,348 pregnant ladies received 2 doses of Td vaccine. Additionally, teams have distributed 13,525 of ORS and 41,047 under-five children were given Vitamin A supplementation.</p> <p>Exceeding the target under indicator 4.3: By the time of project implementation started, the number of people affected and displaced by drought had increased significantly in targeted districts, which resulted in providing services to more people in the target districts.</p>	
Activities	Description	Implemented by	
Activity 4.1	Procure, replenish and distribution of Interagency health kits, trauma kits, cholera Kits and SAM kits	WHO distributed 35 cholera kits, 20 cholera sample collection kits, 500 cholera Rapid Diagnostic Test (RDT) and 33 SAM kits in the 12 drought-affected districts	
Activity 4.2	Deploy vaccination teams from health facilities to conduct outreach campaigns for childhood vaccines	WHO helped state health ministry to deploy 37 outreach teams in 12 target districts to administer 235,809 doses which includes 44,930 doses of measles.	
Activity 4.3	Support health facilities with medical supplies to provide primary health care and emergency medical services to target populations	WHO distributed 35 cholera kits, 20 cholera sample collection kits, 500 cholera rapid diagnostic test (RDT) and 33 SAM kits in the 12 drought-affected districts.	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁵:

Project design and planning

The project was designed by WHO in consultation with the Federal MoH, state MOH and district level health authorities. WHO supported the health authorities to identify the most-affected districts, assess the needs of the beneficiaries, and set key target indicators using the historical surveillance records, field assessment missions, reports from other UN agencies, and project outputs. WHO used the data from camp coordination cluster and UNOCHA to select the districts that were most affected by drought. WHO also used IOM tracking reports

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

to monitor the movement of population in and out of drought-affected areas, while flash updates from UNOCHA were used to estimate the drought affected population. Federal MoH and state level health authorities, as well as representatives of the communities affected by drought, were engaged by WHO to collect contextual information regarding the need of the population and activities to be implemented. Throughout the design and planning of this CERF-funded project, WHO Somalia consulted with local and national authorities to ensure that all aspects of the intervention accounted for local needs and priorities and empowered local authorities and frontline responders. This comprehensive designing and implementation approach helped the project team to plan and implement community-specific interventions which resulted in benefiting more than expected population in the select districts.

Implementation of the Project

State-based Public Health Emergency Officers of WHO and health cluster partners contributed to the training of frontline health workers and designing and planning of community outreach services. State health authorities were actively involved in Identifying and selecting the health facilities for assessments, frontline health workers to be trained, selection and deployment of community health workers (CHWs) and distribution of the medical supplies. Supportive supervisions and continued mentoring helped community health workers detect and report alerts of epidemic prone diseases in their communities which were investigated and validated by the district based rapid response teams in a timely and efficient manner as per the training manuals.

Monitoring and Evaluation

Monitoring was carried out jointly by WHO Public Health Emergency Officers, state ministry of health (MoH) and district health authorities. To bring about quality changes in the monitoring and evaluation process, WHO developed curriculum and modules with the input from the Federal ministry of health (MoH), translated them in local languages for the ease of trainees and conducted trainings sessions with groups nominated by the state and federal health ministries. Quality of training was ensured through pre and post-tests. Public Health Emergency Officers in each of the states in coordination with the state and district polio teams monitored the deployment of the community health workers and district based rapid response teams. WHO also re-activated the early warning alert and response network (EWARN system that was used by health facilities in drought-affected districts to detect and report alerts of epidemic prone diseases on a daily and weekly basis. The severity of diseases was monitored using threshold levels in the system through calculation of case fatality ratio (CFR), attack rates (AR) and incidence rates (IR). These were measured against established disease thresholds to detect any deviations from expected normal levels. WHO published weekly epidemiological reports that were used by health partners to implement public health activities. The essential medicines and medical supplies for the management of water and vector borne diseases were provided by WHO to the Federal MoH, which distributed them to local health facilities. The total number of people seeking care in the health facilities in drought-affected districts as well as cholera cases treated in different treatment centers were used as proxy for the utilization of medicines and supplies provided.

b. AAP Feedback and Complaint Mechanisms:

WHO monitored complaints through different mechanisms throughout the project's implementation. At field level, WHO monitored complaints through regional and subnational health cluster meetings as well as through visits to the affected districts whereby WHO staff discussed with elders and beneficiaries. These health cluster meetings were coordinated by WHO and took place on a weekly basis. Through Health Cluster partners working on the ground, WHO has been able to gather feedback and complaints regarding the project's implementation, should they arise. Additionally, WHO has its own mechanism by virtue of which complaints can be reported directly to WHO, including via the WHO Somalia country office website, social media (e.g. Twitter, Instagram), emails and through telephone. Any such complaints which are received by WHO are treated with the utmost seriousness, confidentiality, and professionalism. As part of this project, however, no formal complaints were received.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO demonstrated its commitment to the prevention of sexual exploitation and abuse by training field officers on PSEA and preparing them to cascade the training to communities and frontline health care workers. The training material was translated into local language. Awareness was created to all staff in WHO Somalia offices. PSEA focal points were assigned and trained at the country office and sub

offices. The focal points oversee monitoring and responding to such situations, should they arise, and reporting through the established mechanism. Additionally, all WHO Somalia national and international staff at the head office and sub offices have completed the mandatory trainings related to prevention of sexual exploitation and abuse and are aware of what to do should such an incident arise. Moreover, all health workers involved with project implementation participated in trainings and awareness-raising sessions related to PSEA and what actions must be undertaken during any such incident. In these respects, WHO continues raising awareness about PSEA during Health Cluster and subnational reproductive working group meetings. As part of this project, no formal SEA complaints were reported.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

During the planning, implementation, and monitoring phases, WHO stressed the specific needs of women, girls, and minority groups. WHO conducted a half-day orientation for its staff on the inclusion of gender-based violence (GBV) in health programming and importance of empowering and protecting women and girls as part of this project. Women were prioritized for selection as CHWs and empowered in their roles. Similarly, the needs of women, girls and gender minorities have been given priority at service delivery points. Additionally, the specific needs of women, girls and gender minorities have been mainstreamed through all refreshment trainings that WHO conducted as part of the project. In this respect, it was ensured during trainings that a proportion of women were included as shown in the training reports. Gender disaggregated data was maintained for beneficiaries of different activities, while data on the most vulnerable population groups, including IDPs, girls and women, was gathered, analysed, and monitored to ensure services reached most vulnerable groups. Throughout the implementation period, regular Health Cluster meetings and Inter-Cluster meetings were conducted, whereby the needs of vulnerable communities were further discussed, and services continuously adjusted to meet their needs.

e. People with disabilities (PwD):

Awareness was raised among WHO staff throughout the project implementation at health facility as well as community level, on the inclusion of activities that help increase access to health services to PWD. WHO procured and distributed medical supplies that are important to provide care for people with injuries that could potentially lead to disability. The project benefited all persons regardless of age, gender or whether they were living with a disability. Through the health cluster and in internal meetings, WHO field staff were sensitized to ensure that persons living with disability, women, children, and vulnerable populations were identified and had access to the services being provided. Staff conducting supervision are also supposed to work with MOH and communities (through community health care workers) to determine the needs of people with disabilities (PwDs). A total of 13,562 people with disability were reached during this project. Through regular project implementation meetings, the needs of vulnerable communities were reviewed. This project did not record the number of persons living with disability who benefitted from the Rapid Response framework.

f. Protection:

WHO maintains the highest standards of ethics while providing lifesaving health services to communities. All staff, including field staff at all levels, are expected to adhere to these standards. Throughout the project design, WHO aimed to provide health services to all persons at-risk in the identified districts. This included IDPs, people living with disability and vulnerable populations. Confidentiality on beneficiaries has been maintained and only disaggregated data has been shared with persons outside the project implementation. The health cluster, which is coordinated by WHO, works closely with the protection cluster to ensure inclusion of mental health activities in health service delivery.

g. Education:

The education sector was not directly involved in this project, however there were multiple capacity building sessions that were conducted during this project. The trainings provided included: Integrated management of epidemic prone diseases focussing on cholera and measles, management of cases of severe acute malnutrition with complications, waste management in health facilities, disease surveillance, outbreak investigation, Infection Prevention and control, Water quality testing and sample collection, packaging,

transportation, and analysis. The capacity building sessions are expected to result into improvement of skills for health care workers that will contribute to the reduction in morbidity and mortality attributed to epidemic prone disease

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The focus of this project was health response and did not involve cash and voucher assistance to beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Epidemiological bulletins	http://www.emro.who.int/somalia/information-resources/weekly-epi-watch.html
Emergency monthly reports	http://www.emro.who.int/somalia/information-resources/situation-reports.html
Cholera situation reports	http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.html
Health cluster bulletins	http://www.emro.who.int/somalia/information-resources/health-cluster-bulletins.html

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-FAO-025	Agriculture	FAO	SOUTH WEST LIVESTOCK PROFESSIONAL ASSOCIATION	SOWELPA	Yes	NNGO	\$562,800
21-RR-FPA-033	Sexual and Reproductive Health	UNFPA	Action for Relief and Development	ARD	No	NNGO	\$185,742
21-RR-FPA-033	Sexual and Reproductive Health	UNFPA	Rural Education and Agriculture Development Organization	READO	No	NNGO	\$116,662
21-RR-FPA-033	Sexual and Reproductive Health	UNFPA	Salaam Medical Agency	SAMA	No	NNGO	\$92,808
21-RR-HCR-030	Protection	UNHCR	Norwegian Refugee Council	NRC	Yes	INGO	\$469,484
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	Golweyne Relief and Rehabilitation NGO	GRRN	Yes	NNGO	\$238,840
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	Ministry of Energy and Water Resources (MoEWR) at Federal level	Federal MoEWR	Yes	GOV	\$71,560
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	Jubaland State Ministry of Energy and Water Resources	Jubaland MoEWR	Yes	GOV	\$25,140
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	New Ways Organisation	NWO	Yes	NNGO	\$165,854
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	Somali Humanitarian Relief Action	SHRA	Yes	NNGO	\$50,391
21-RR-CEF-054	Water, Sanitation and Hygiene	UNICEF	South West State Ministry of Energy and Water Resources	SWS MoEWR	Yes	GOV	\$158,292
21-RR-IOM-033	Water, Sanitation and Hygiene	IOM	Ministry of Energy and Water resources, Galmudug State	MOEWR	Yes	GOV	\$4,900
21-RR-WFP-038	Food Assistance	WFP	World Vision International	WVI	Yes	INGO	\$9,861